

STATE OF CALIFORNIA REPORT TO THE JOINT LEGISLATIVE BUDGET COMMITTEE

Data to Facilitate Legislative Review of the Outcomes of the Dual Agency Program and Payment Changes

**California Department of Social Services and the Department of
Developmental Services Consumer Data Reporting Period**

January 2016 to June 2016



Welfare and Institutions Code section 11464(h)

LEGISLATIVE MANDATE

Welfare and Institutions Code section 11464(h), added by Senate Bill 84 (Committee on Budget and Fiscal Review, Chapter 177, Statutes of 2007), requires the California Department of Social Services and the Department of Developmental Services to semiannually submit to the Joint Legislative Budget Committee a report to facilitate review of the outcomes of the rate structure changes for rates paid on behalf of children who are both consumers of California regional center services and receive Aid to Families with Dependent Children—Foster Care, Kinship-Guardianship Assistance Payments, or Adoption Assistance Program benefits.

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EXECUTIVE SUMMARY

Background

This report to the Joint Legislative Budget Committee represents a three-year reporting period to include December 2014 data and provides the Legislature with information regarding the outcomes of establishing a rate structure for children who are both consumers¹ of California regional center services and receive Aid to Families with Dependent Children-Foster Care (AFDC-FC), Kinship-Guardianship Assistance Payment (Kin-GAP), or Adoption Assistance Program (AAP) benefits. A consumer of California regional center services is a child receiving services from a California regional center due to a developmental disability as defined by Welfare and Institutions Code (WIC) section 4512 (Lanterman Act) or a child receiving services under Government Code section 95000 (California Early Intervention Services Act [CEISA]). Children in the dual agency AFDC-FC population eligible to receive a dual agency rate are those children placed in a licensed community care facility that is not vendorized; the approved home of a relative; the approved home of a non-relative extended family member; the home of a non-related legal guardian; or the former non-related legal guardian when the guardianship of a child otherwise eligible for AFDC-FC has been dismissed due to the child attaining 21 years of age. For purposes of this report, the eligible population of children will be referred to as “dual agency” children.

The caseloads for this report cover December 1, 2014 to June 30, 2016. This report does not reflect all children in foster care receiving services from a California regional center. The report excludes caseloads of children placed in the certified home of a foster family agency (FFA) or a group home.

Summary

This March 2017 report data reflects dual agency children in foster care for at least two days in June 2016, adoptions finalized by June 30, 2016, and dual agency children in foster care for at least two days in June 2016 who exited to Kin-GAP through June 30, 2016. Hereafter, this data period will be referred to as June 2016. The June 2016 data shows the total AFDC-FC caseload decreased and the percent of the AFDC-FC caseload in foster family home placements, as presented in Figure 1 (Page 4), has decreased, while 4 percent of the AAP caseload as presented in Figure 3 (Page 5), has decreased. The dual agency family home caseload percentage of the AFDC-FC foster family home caseload has increased from 4 percent in

¹ The word “consumer” is defined in WIC 4512(d) as a person who has been determined to have a disability that meets the definition of developmental disability in that section. For the purpose of this report, the word “consumer” is used to refer to both children who are consumers of regional center services, and to those who are receiving services under the CEISA but who are under the age of three and have not yet been determined to have a developmental disability. This is consistent with the legislative intent of the report as set forth in WIC 11464(h) which includes children receiving CEISA services in the description of “consumers” for whom the data is to be reported.

December 2014 to 5 percent of the total AFDC-FC caseload in June 2016. The dual agency adoption caseload percentage of the total AAP caseload remained at 5 percent of the total AFDC-FC caseload in December 2014 and June 2016.

Figures 6, 7, 8, 9, 10, and 11 (Pages 8 – 13) represent the dual agency caseload and rate payment information. The foster care rate payment for dual agency children receiving AFDC-FC and AAP included rate payments that were equal to foster family home basic rates or Alternative Residential Model (ARM) rates established by DDS.

Data for this report was collected from the AFDC-FC, AAP, and Kin-GAP 84 Form, the quarterly statistical report that includes information on the number and nature of Supplement to the Rate Requests for Dual Agency AFDC-FC, AAP, and Kin-GAP children. The related requests for the supplement to the dual agency rate for foster and adopted children with a developmental disability indicate that the actions taken are similar in the dual agency AFDC-FC, AAP, and Kin-GAP caseloads. The majority of the requests for a supplement to a dual agency rate are authorized upon initial request with 88 percent of dual agency children receiving AFDC-FC, 93 percent of dual agency children receiving AAP, and 100 percent of children receiving Kin-GAP benefits. The \$1,000 level of supplement was requested more than any other level of supplement to the dual agency rate; more than 89 percent in both the AFDC-FC, AAP, and Kin-GAP caseloads as represented in Figures 15, 16, and 17 (Pages 19 – 21).

METHODOLOGY

To ensure reporting accuracy, the California Department of Social Services (CDSS) and the Department of Developmental Services (DDS) shared, matched, and analyzed the required data elements/information required by WIC section 11464(h). CDSS completes its file by matching records from the DDS database to the Child Welfare Services/Case Management System (CWS/CMS). The CWS/CMS is the statewide computer system that links all 58 counties and the state to a common database for online client case management. The system assists caseworkers in recording client demographics, contacts, services delivered, and placement information. It also enables case workers to record and update assessments, create and maintain case plans, and manage the placement of children in appropriate foster homes or facilities.

Although CWS/CMS is a source of information for many data elements, it is not a payment system. Therefore, CDSS obtained payment information from county payment systems in order to report on payments made to dual agency children. The county payment systems are referred to as Consortium IV (C-IV); Los Angeles Eligibility, Automated Determination, Evaluation and Reporting (LEADER) consortium, and California Work Opportunity and Responsibility to Kids Information Network (CalWIN) consortium. CDSS then sent a file to DDS who then compared the matched list for dual agency children to DDS' Purchase of Service (POS) expenditure data.

CDSS gathered additional information from different and distinct data sources to determine the impact of the dual agency rate structure in the AFDC-FC, AAP, and Kin-GAP Programs. These sources serve different purposes in program administration: caseload information, payment information related to the caseload, and actions taken to determine the appropriate rate for the caseload. The Cash Grant Caseload Movement Report (CA 237) and the Assistance Claim Expenditures (CA 800) monthly` reports, submitted by counties to CDSS, identify the various funding sources and the number of California children receiving AFDC-FC, AAP, and , Kin-GAP benefits. These reports allow for late reporting and may result in adjustments to caseloads for the reporting period.

The FC, AAP, and Kin-GAP 84 Form: “Supplement to the Rate Requests for Dual Agency AFDC-FC and AAP Children Quarterly Statistical Report” captures supplement to the dual agency rate data elements. The county welfare departments and CDSS adoption district offices record county specific information regarding the number and levels of supplements to the dual agency rate requested; the number of supplements to the dual agency rate authorized upon request; and the number of supplements to the dual agency rate denied upon request, but subsequently authorized after appeal. (The report represents statewide aggregate activity counts per quarter and does not represent total caseload for this population.)

To calculate the percentage change from year to year in caseload numbers, the following formula is used: $(\text{current} - \text{previous}) / \text{previous} = \text{percent}$. The percentages have been rounded up and may not always equal 100 percent.

The DDS data was drawn from the Uniform Fiscal System and the Client Diagnostic and Evaluation Report. The regional center services-only population in this report consists of children residing in the home of a parent or guardian and or Kin-GAP benefits.

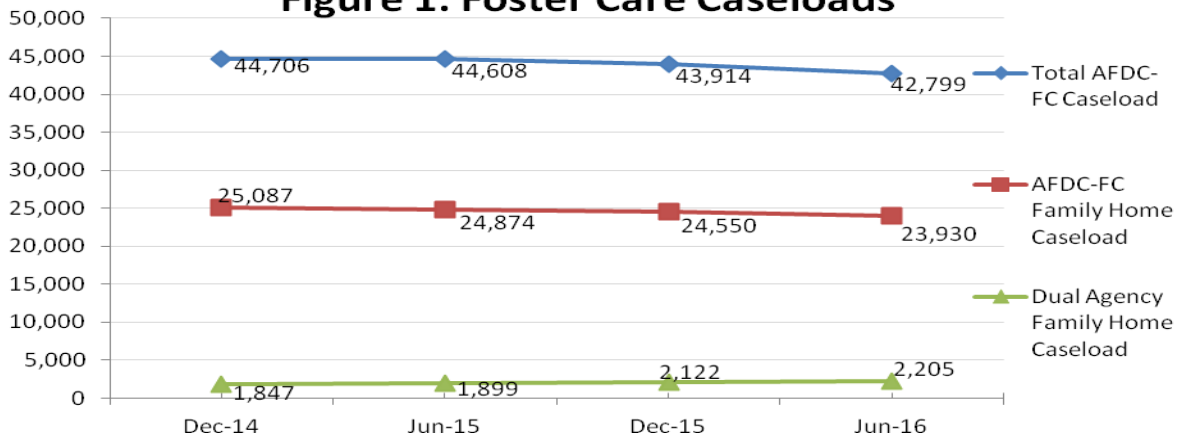
Limitations

The following limitations were identified in the collection and review of dual agency data:

- The report represents statewide aggregate activity counts per quarter and does not represent total caseload for this population.
- The data represents a point in time and eligibility determinations may have been in progress during the time of the data run.
- There is a lag between the date of a rate supplement request and the date of a decision to approve or deny that request. (*This is evident in Figures 15 and 18*).
- Information is not available to determine whether the level of the rate supplement request or the non-eligibility of a child is the reason for a denial or appeal.

AFDC-FC/AAP/KIN-GAP CASELOADS

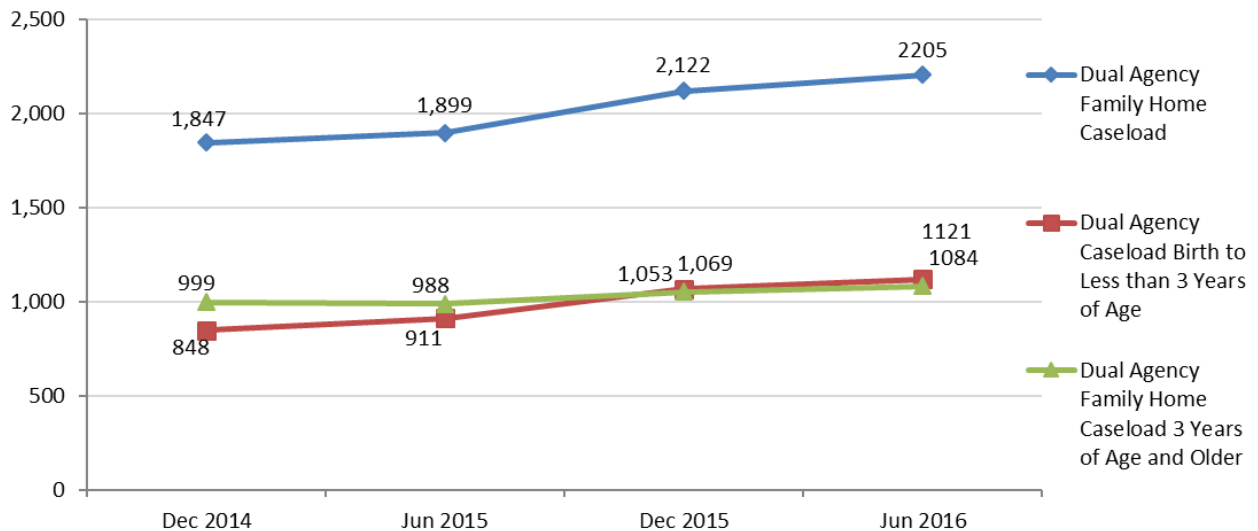
Figure 1: Foster Care Caseloads



Data Sources: CA 237 and CWS/CMS and DDS matched file, December 2014 – June 2016.

Figure 1 indicates that between December 2014 and June 2016, the total AFDC-FC caseload decreased from 44,706 to 42,799, a decrease of 4 percent. During the same period, the AFDC-FC Family Home caseload decreased by 5 percent, and the Dual Agency Family Home caseload increased by 19 percent.

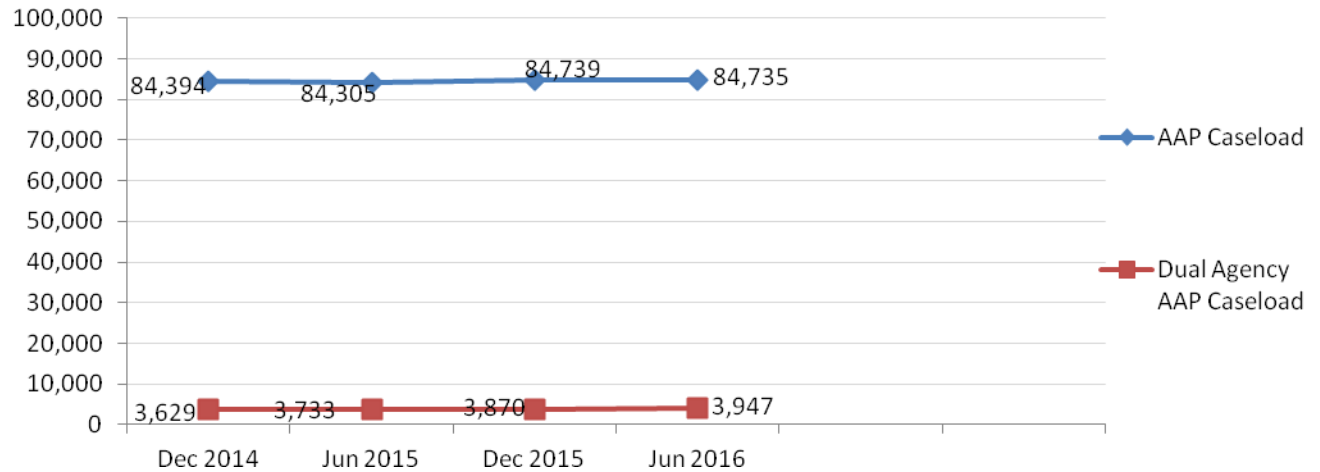
Figure 2: Dual Agency Foster Care Caseloads By Year and Age



Data Sources: CA 237 and CWS/CMS and DDS matched file, December 2014 – June 2016.

Figure 2 indicates that the total Dual Agency Family Home caseload increased by 19 percent from December 2014 and June 2016. The Dual Agency birth to three years of age caseload increased by 32 percent during the same time period.

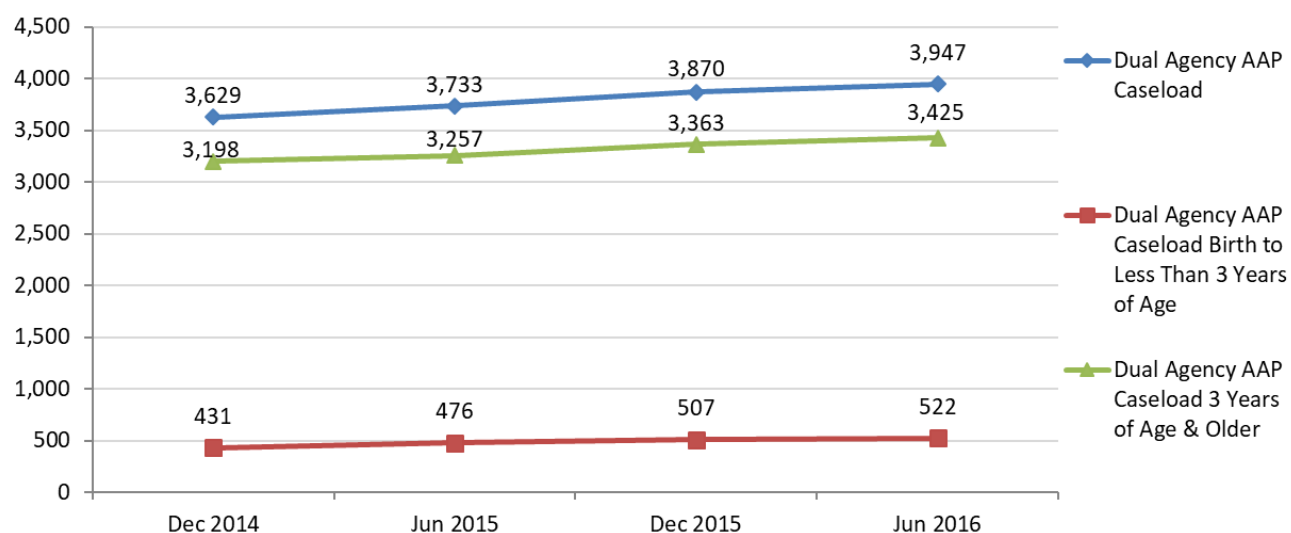
Figure 3: AAP and Dual Agency AAP Caseloads By Year



Data Sources: CA 237 and CWS/CMS and DDS matched file, December 2014 – June 2016.

Figure 3 indicates that the number of dual agency children in the AAP caseload remained constant at 5 percent between December 2014 and June 2016, and within the Dual Agency AAP caseload increased nearly 10 percent.

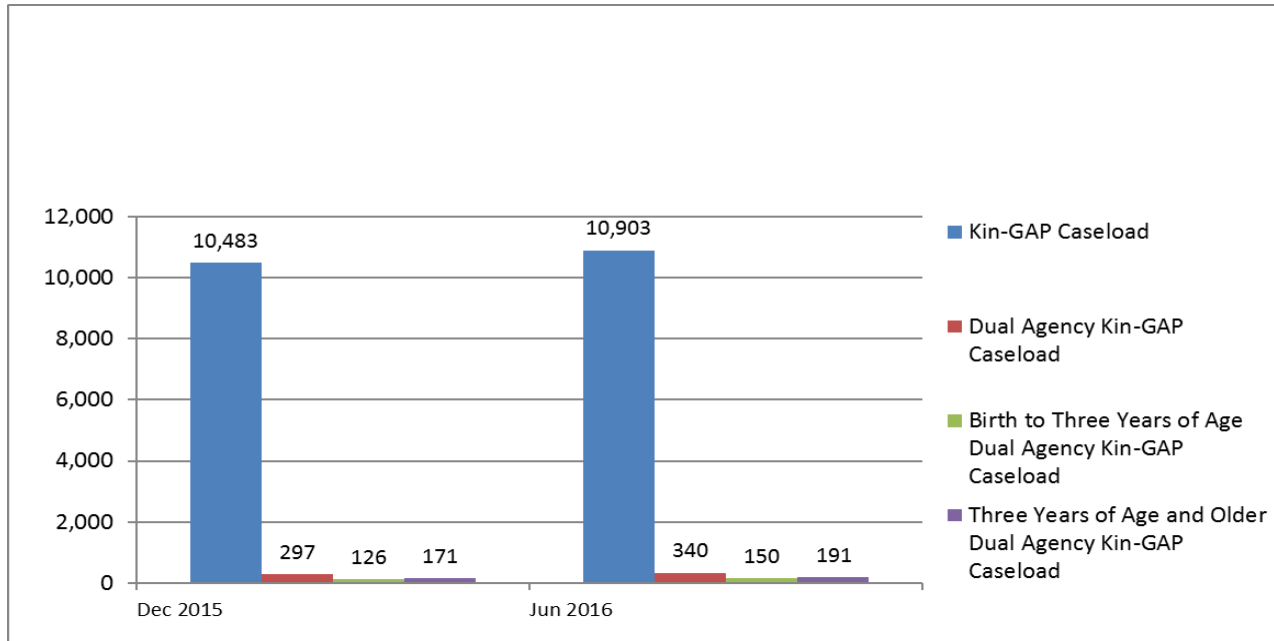
Figure 4: Dual Agency AAP Caseloads By Year and Age



Data Sources: CA 237 and CWS/CMS and DDS matched file, December 2014 – June 2016.

Figure 4 indicates the Dual Agency AAP caseload birth to three years of age remained 13 percent of the caseload between December 2014 and June 2016. Additionally, Figure 4 indicates the Dual Agency AAP caseload three years of age and older caseload represented 87 percent of the caseload.

Figure 5: Dual Agency KIN-GAP Caseload



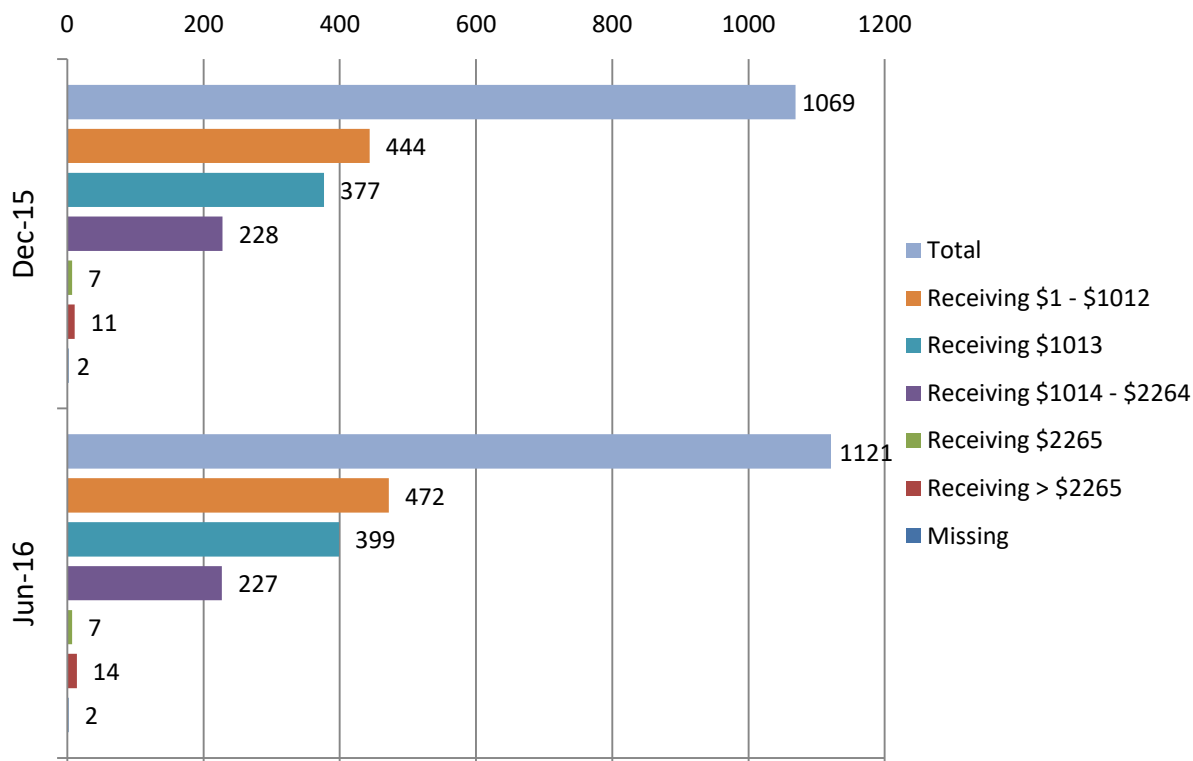
Data Sources: CA 237 and CWS/CMS and DDS matched file, December 2015 – June 2016.

Figure 5 indicates that the dual agency Kin-GAP caseload represents 3 percent of the total Kin-GAP caseload between December 2015 and June 2016. In December 2015, 42 percent of the dual agency Kin-GAP caseload were birth to three years of age and 58 percent were three years of age and older. In June 2016, 44 percent of the dual agency Kin-GAP caseload were birth to three years of age and 56 percent were three years of age and older.

AFDC-FC/AAP/KIN-GAP PAYMENT RATES

Payment rate data in Figures 6 through 11 was derived from the C-IV, LEADER, and CalWIN payment systems. The payment rate data in Figures 6 through 11 represent the different amounts paid on behalf of the dual agency AFDC-FC, AAP, and Kin-GAP caseloads. Some of the amounts paid were equal to foster family home basic rates, ARM rates established by DDS, and dual agency rates. Missing payment information means the number of cases that CDSS matched with DDS did not have a record of payment being made in the reported months (December 2015 and June 2016). Additionally, the December 2015 data in Figures 6 through 11 represent the dual agency rate established in statute with the California Necessities Index (CNI) increases that were effective July 1, 2015 through June 30, 2016. AFDC-FC caseloads in Figures 6 and 7 were based on family home placements in small family homes, foster family homes, approved relative and non-relative extended family member homes, tribe-specified homes, and homes of non-related legal guardians.

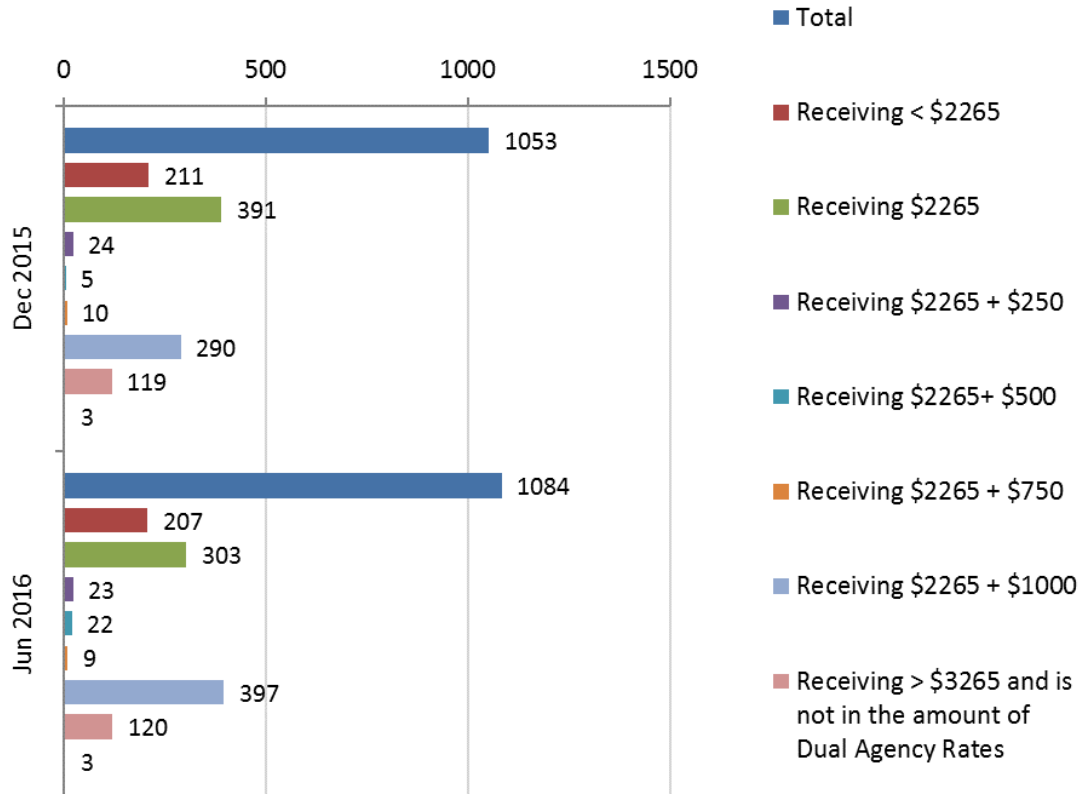
**Figure 6: Foster Care Dual Agency Caseload and Payment Rates
Birth to Three Years of Age**



Data Sources: CWS/CMS, DDS, C-IV, Leader, CalWIN, December 2015 - June 2016.

Figure 6 indicates that in December 2015 there were 1,069 dual agency children ages birth to three, and in June 2016 there were 1,121 such children in a family home placement concurrently receiving services from a California regional center, including services under CEISA.

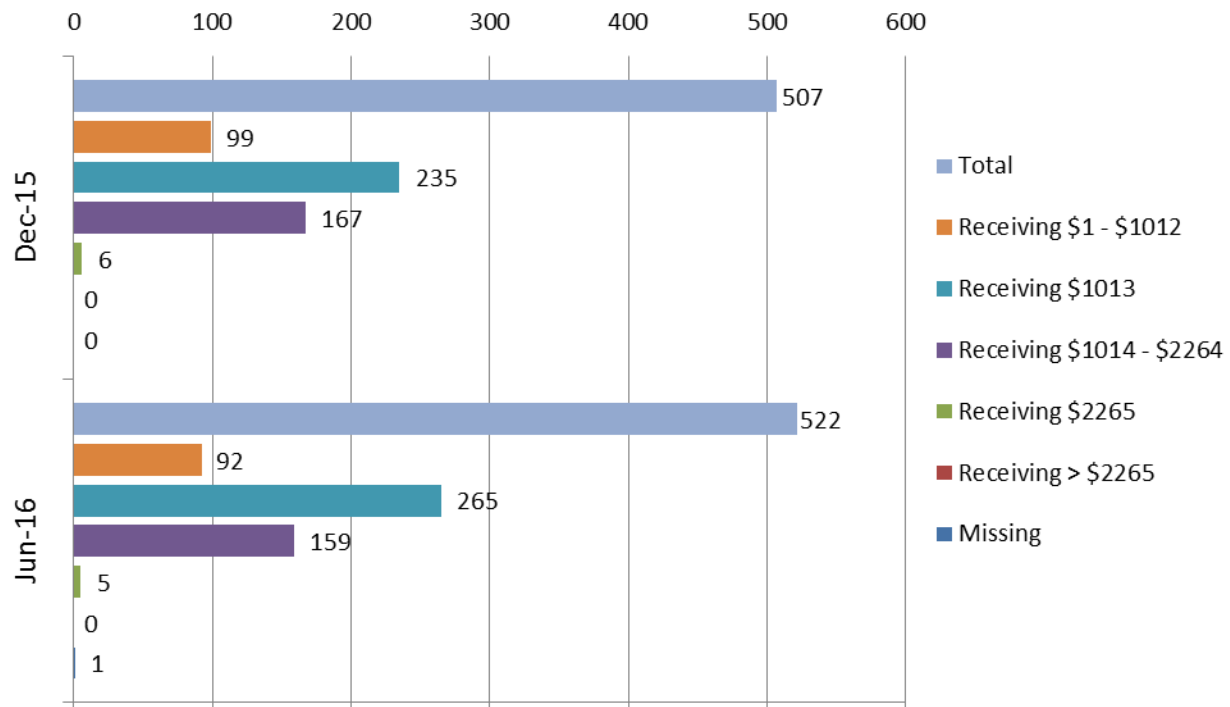
Figure 7
Foster Care Dual Agency Caseload Payment
Rates Three Years of Age and Older



Data Sources: CWS/CMS, DDS, C-IV, Leader, CalWIN, December 2015 - June 2016.

Figure 7 indicates that in December 2015 there were 1,053 dual agency children ages three and older, and in June 2016 there were 1,084 such children in a family home placement concurrently receiving services from a California regional center, including services under CEISA.

**Figure 8: AAP Dual Agency Caseload and Payment Rates
Birth to Three Years of Age**



Data Sources: CWS/CMS, DDS, C-IV, Leader, CalWIN, December 2015 - June 2016.

Figure 8 indicates that in December 2015 there were 507 dual agency children ages birth to three and in June 2016 there were 522 such children receiving AAP and concurrently receiving services from a California regional center, including receiving services under CEISA.

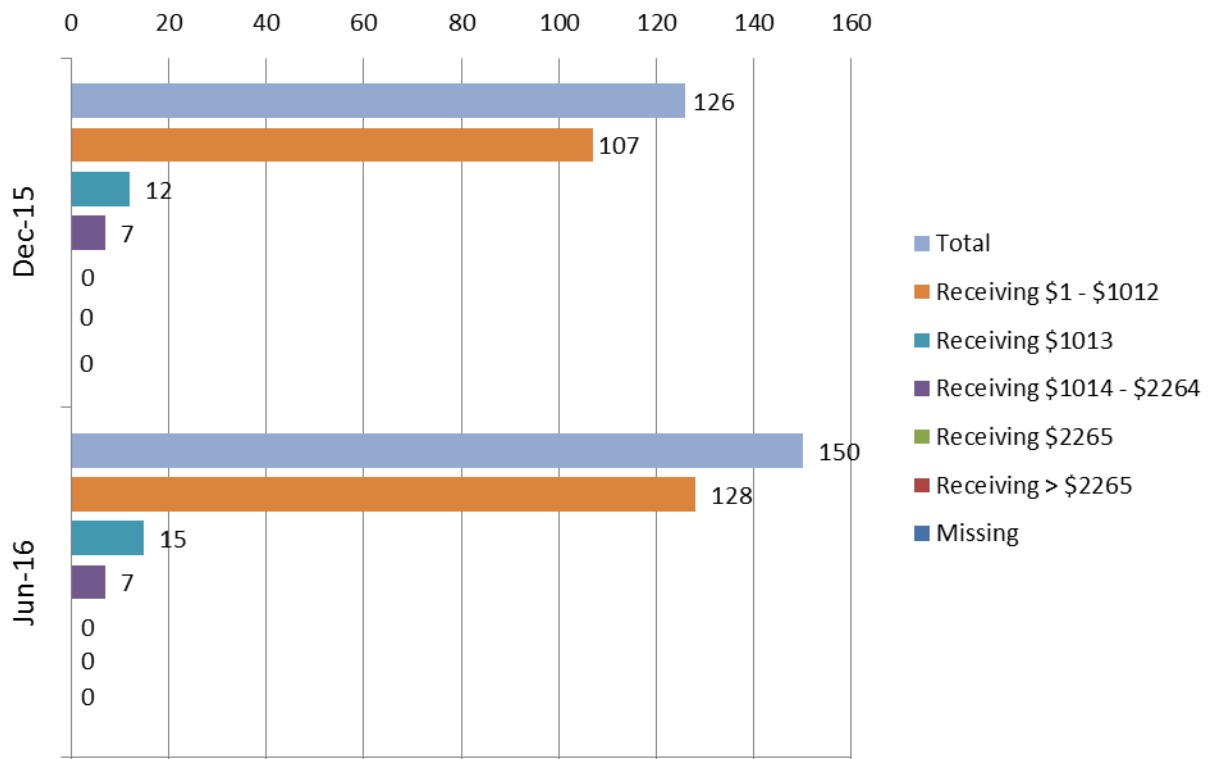
**Figure 9: AAP Dual Agency Caseload and Payment Rates
Three Years and Older**



Data Sources: CWS/CMS, DDS, C-IV, Leader, CalWIN, December 2015 - June 2016.

Figure 9 indicates that in December 2015 there were 3,363 dual agency children ages three and older, and in June 2016 there were 3,425 such children receiving AAP and concurrently receiving services from a California regional center, including receiving services under CEISA.

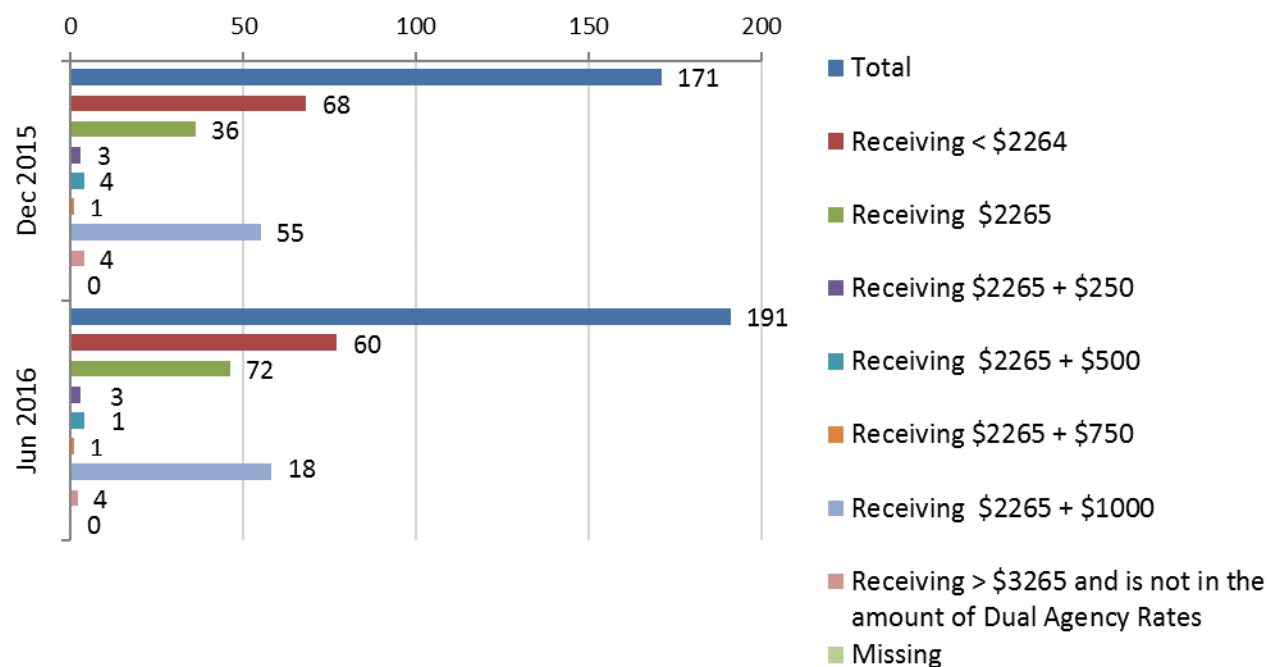
**Figure 10: Kin-GAP Dual Agency Caseload and Payment Rates
Birth to Three Years of Age**



Data Sources: CWS/CMS, DDS, C-IV, Leader, CalWIN, December 2015 - June 2016.

Figure 10 indicates that in December 2015 there were 126 dual agency children ages birth to three and in June 2016 there were 150 such children receiving Kin-GAP and concurrently receiving services from a California regional center, including receiving services under the CEISA.

Figure 11
Kin-GAP Dual Agency Caseload Payment Rates
Three Years of Age & Older



Data Sources: CWS/CMS, DDS, C-IV, Leader, CalWIN, December 2015 - June 2016.

Figure 11 indicates that in December 2015 there were 191 dual agency children ages three and older, and in June 2016 there were 171 such children receiving Kin-GAP and concurrently receiving services from a California regional center, including receiving services under the CEISA.

SUPPLEMENT TO THE DUAL AGENCY RATE

In 2007, CDSS and DDS, in consultation with stakeholders, were required to develop objective criteria to be used for determining eligibility for and the appropriate level of a supplement to the dual agency rate for a child three years of age and older based on the extraordinary care and supervision needs of the child. Three forms were developed:

SOC 835: "Supplement to the Dual Agency Rate-Multiple Questionnaire Worksheet",
SOC 836: "Supplement to the Rate Eligibility Form", and
SOC 837: "Supplement to the Rate-Questionnaire" based on the objective criteria counties use to determine the level of supplement to the dual agency rate.

WIC section 11464(h)(2)(E)(F) and (G) require CDSS to report the following:

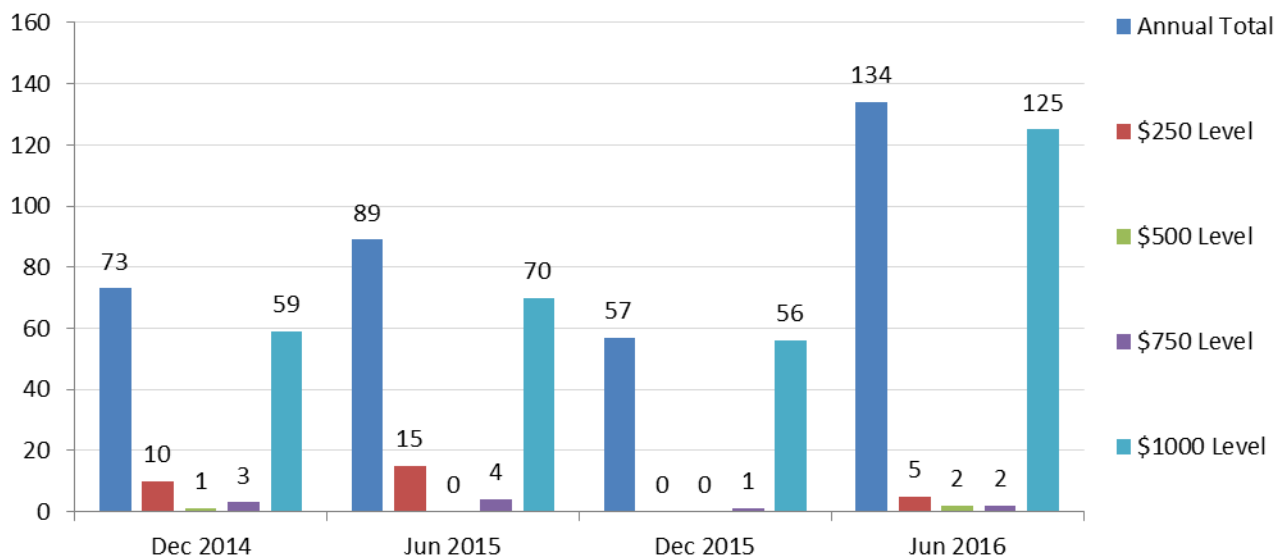
- The number and levels of the supplement to the rate pursuant to WIC section 11464(c)(2) that are requested found in Figures 12, 13, and 14 (Pages 16 – 18).
- The number of supplements to the rate that are authorized upon caregiver request found in Figures 15, 16 and 17 (Pages 19 – 21).
- The number of supplements to the rate that are denied after request but granted upon appeal found in Figures 18, 19, 20 and 21 (Pages 22 – 25).

The AFDC-FC/AAP/Kin-GAP 84 Form: "Supplement to the Rate Requests for Dual Agency AFDC-FC, AAP and Kin-GAP Children Quarterly Statistical Report" was developed by CDSS to capture the data elements identified above. The AFDC-FC/AAP/Kin-GAP 84 report represents statewide aggregate activity counts per quarter and does not represent total caseload for this population.

The Kin-GAP data is now being reported allowing for the collection of four data periods. Kin-GAP data collection is described in All County Letter 14-22 dated March 13, 2014.

SUPPLEMENT TO DUAL AGENCY RATES

Figure 12: Cumulative Number of New Requests for a Supplement to the Dual Agency Rate in AFDC-FC

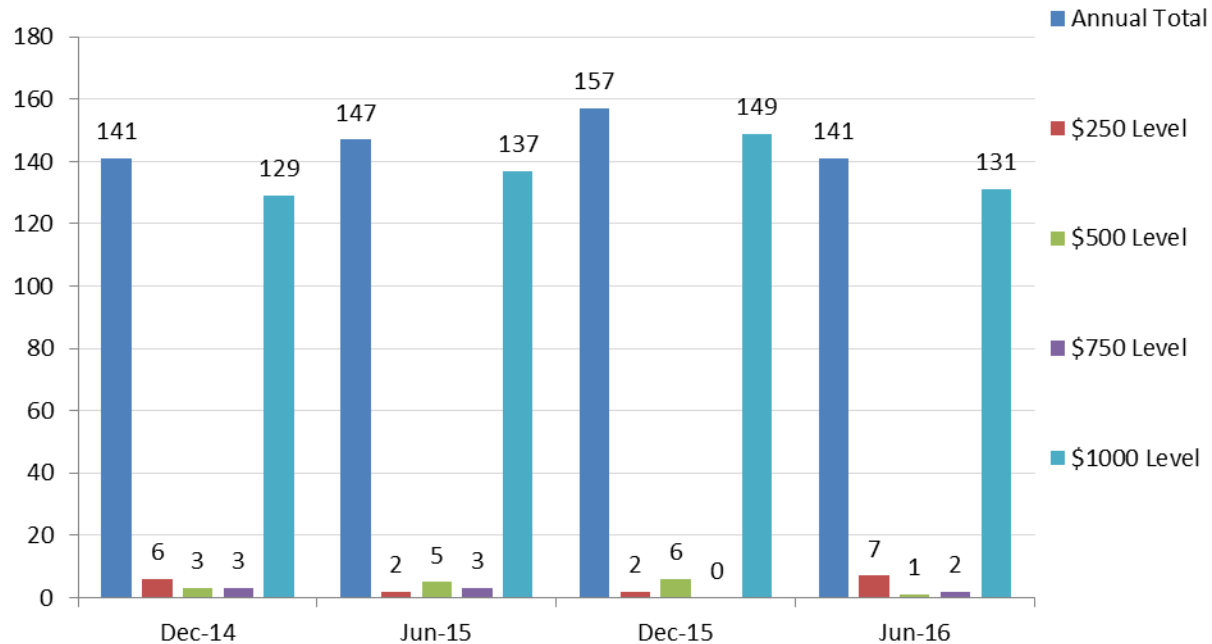


Data Sources: FC-AAP-KG 84 Form, December 2014 – June 2016.

Figure 12 displays that there were 353 requests for a supplement from December 2014 to June 30, 2016. Figure 12 also displays that the majority of dual agency requests are for the \$1000 level of supplement to the dual agency rate.

- In December 2014, the approval rate was 81 percent.
- In June 2015, the approval rate was 79 percent.
- In December 2015, the approval rate was 98 percent.
- In June 2016, the approval rate was 93 percent.

Figure 13
Cumulative Number of New Requests for a Supplement to the Rate in AAP

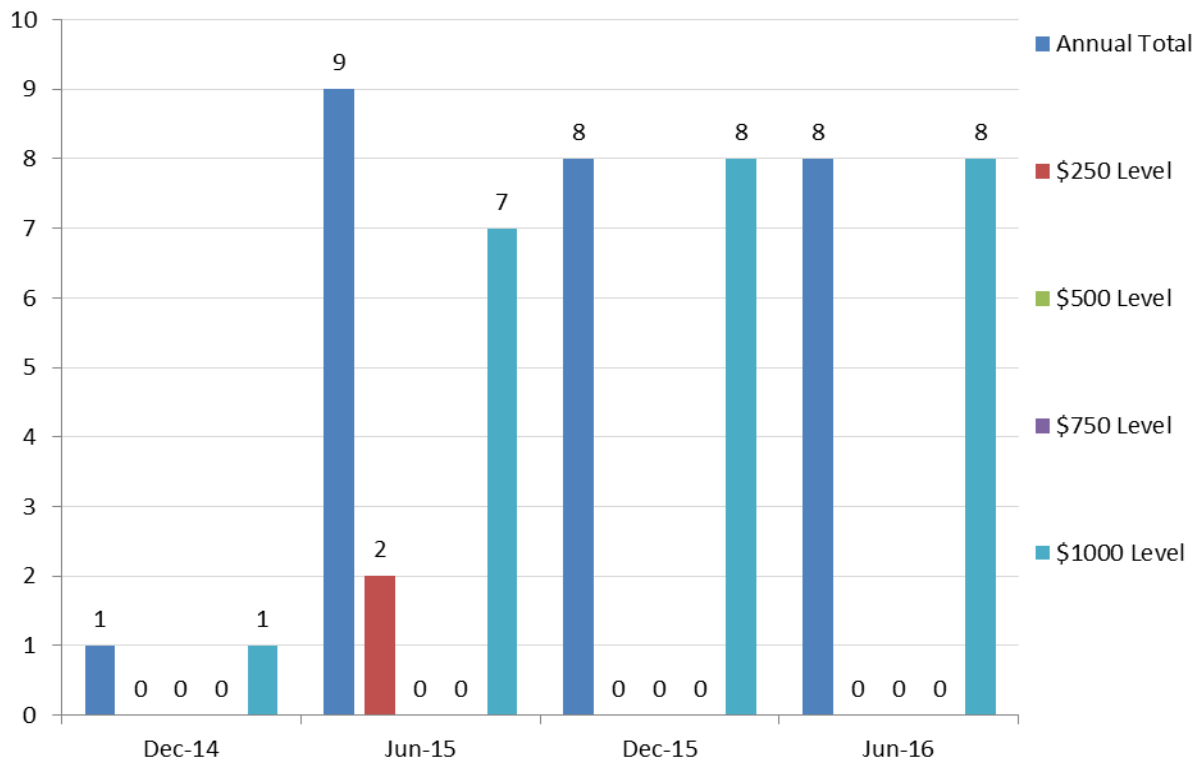


Data Sources: FC-AAP-KG 84 Form, December 2014 – June 2016.

Figure 13 shows there were 586 requests for a supplement from December 2014 to June 30, 2016. Figure 13 also shows that in AAP, like foster care, more requests were made for the \$1,000 level of supplement to the dual agency rate.

- In December 2014, the approval rate was 91 percent.
- In June 2015, the approval rate was 93 percent.
- In December 2015, the approval rate was 95 percent.
- In June 2016, the approval rate was 93 percent.

Figure 14
Cumulative Number of New Requests for a Supplement to the Rate in Kin-Gap

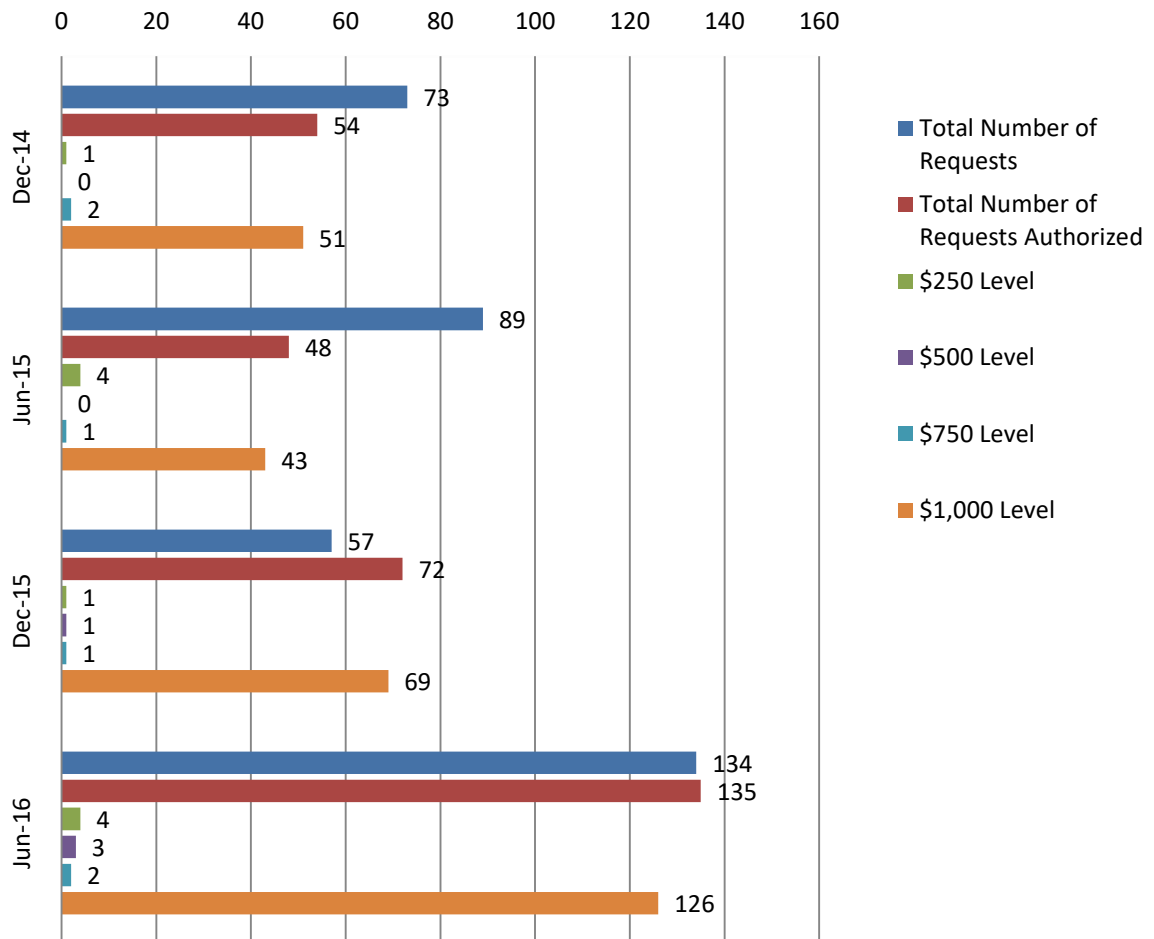


Data Sources: FC-AAP-KG 84 Form, December 2014 – June 2016.

Figure 14 shows there were 26 requests for a supplement from December 1, 2014 to June 30, 2016. Figure 14 shows that in Kin-GAP, like foster care, more requests were made for the \$1,000 level of supplement to the dual agency rate.

- In December 2014, the approval rate was 100 percent.
- In June 2015, the approval rate was 88 percent.
- In December 2015, the approval rate was 100 percent.
- In June 2016, the approval rate was 100 percent.

Figure 15: Cumulative Number of Requests Made and Authorized for a Supplement to the Rate in AFDC-FC



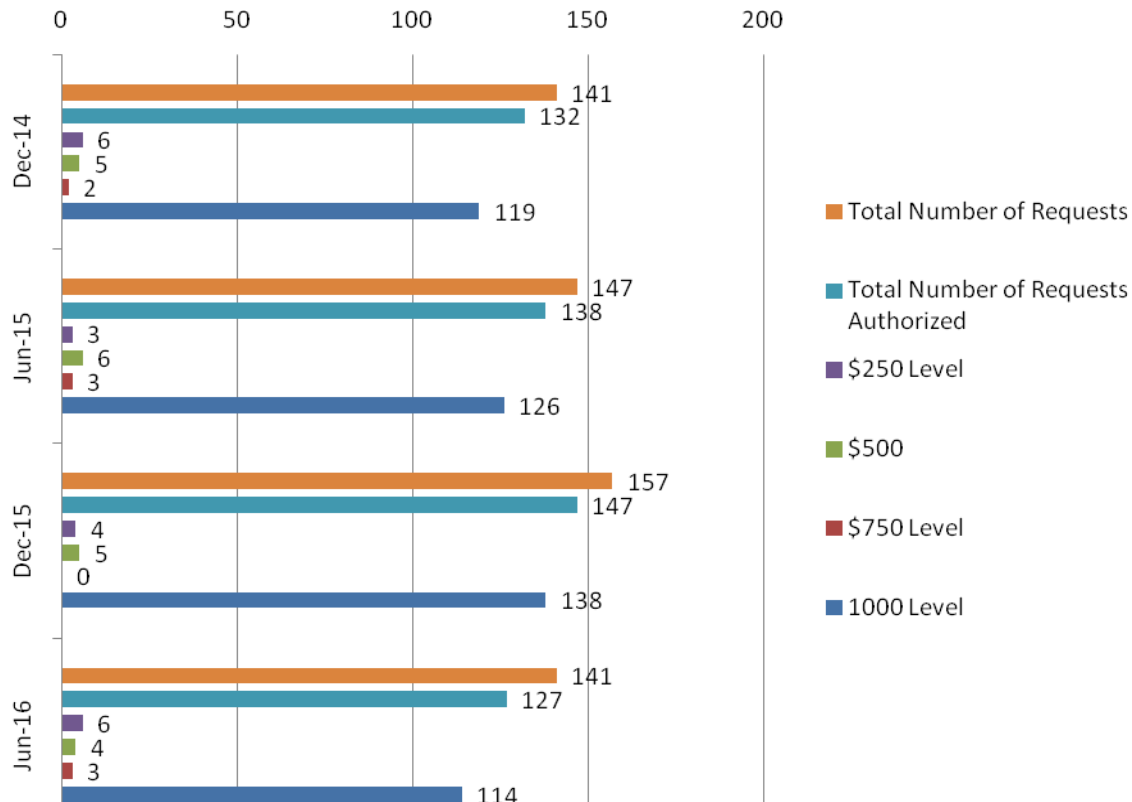
Data Sources: FC-AAP-KG 84 Form, December 2014 – June 2016.

Figure 15 displays that the majority of the requests for a dual agency rate supplement in AFDC-FC are initially authorized by the county, and that 94 percent of those requests initially authorized are for the \$1,000 level of supplement.

From December 2014 to June 30, 2016, 88 percent of the requests for a supplement to the dual agency rate were authorized upon initial request. Of those requests authorized, 3 percent were for a supplement level of \$250; 1 percent was for a supplement level of \$500; 2 percent were for a supplement level of \$750; and 94 percent were for a supplement level of \$1,000. Figure 15 also indicates that there may have been a lag between the date of a rate supplement request and the date of a decision to approve or deny that request. As previously stated in the methodology and limitations section, these reports allow for late reporting and may result in adjustments to caseloads for the reporting period.

Figures 16 through 18 display cumulative aggregate quarterly activity counts and are not case specific.

Figure 16: The Cumulative Number of Requests Made and Authorized for a Supplement to the Rate in AAP



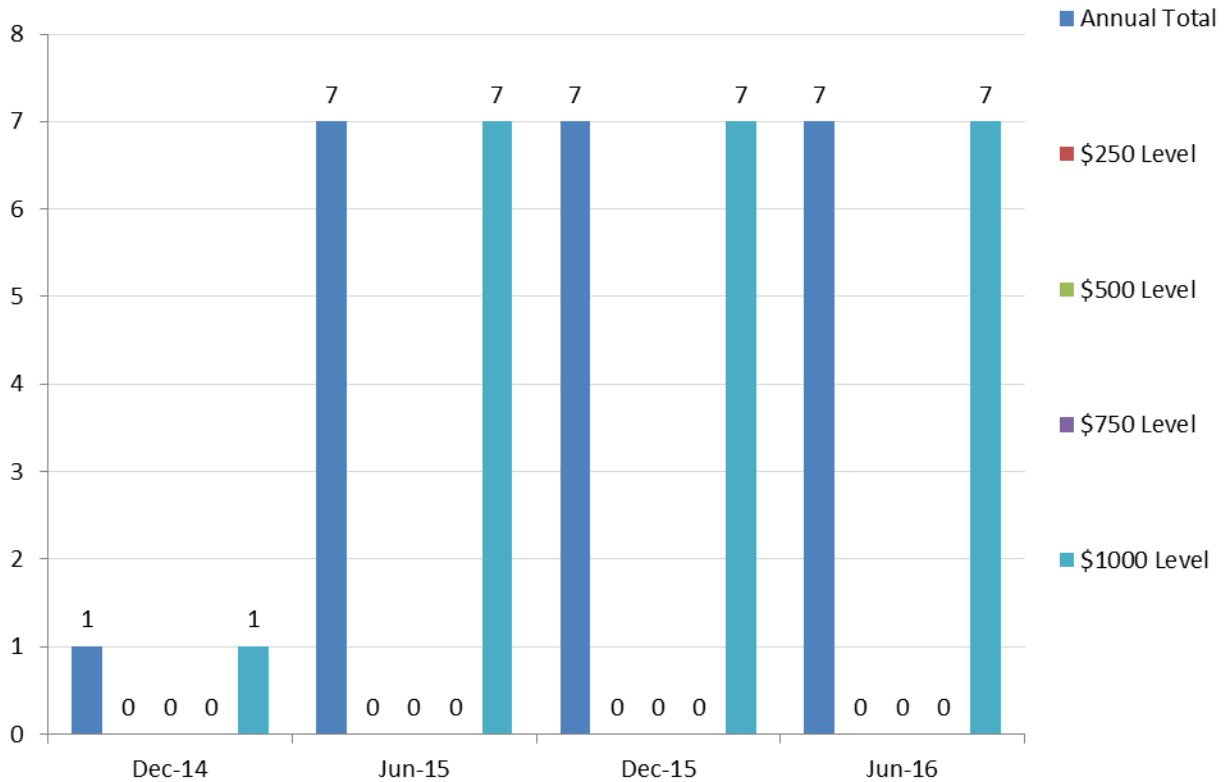
Data Sources: FC-AAP-KG 84 Form, December 2014 – June 2016.

Figure 16 displays that the majority of the requests for a dual agency rate supplement in AAP are initially authorized by the county. While Figure 13 identifies all new requests for each level of supplement to the dual agency rate in AAP, Figure 16 identifies how many of those requests were authorized. Figure 16 indicates that consistently over 90 percent of those requests initially authorized were for the \$1,000 level of supplement.

From December 2014 to June 30, 2016, 93 percent of the requests for a supplement to the dual agency rate were authorized upon initial request. Of those requests authorized:

- Three percent were for a supplement level of \$250.
- Four percent were for a supplement level of \$500.
- Two percent was for a supplement level of \$750; and
- Ninety-one (91) percent were for a supplement level of \$1,000.

Figure 17
Cumulative Number of Requests Made and
Authorized for a Supplement to the Rate in
Kin-GAP

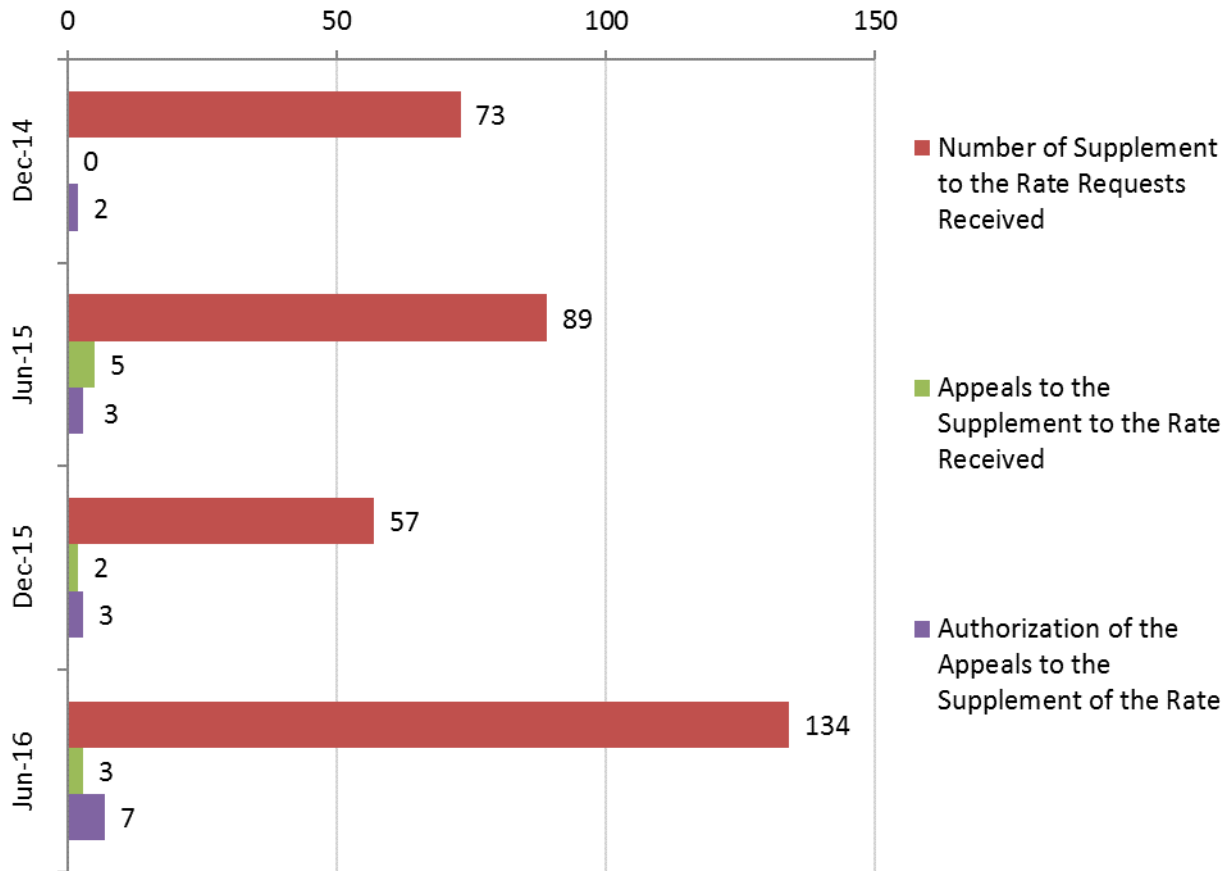


Data Sources: FC-AAP-KG 84 Form, December 2014 – June 2016.

Figure 17 displays that the majority of the requests for a dual agency rate supplement in Kin-GAP are initially authorized by the county. While Figure 14 identifies all new requests for each level of supplement to the dual agency rate in Kin-GAP, Figure 17 identifies how many of those requests were authorized. Figure 17 also indicates that over 99 percent of those requests initially authorized were for the \$1,000 level of supplement.

From December 2014 to June 30, 2016, 85 percent of the requests for a supplement to the dual agency rate were authorized upon initial request. Of those requests authorized, 100 percent were for a supplement level of \$1,000.

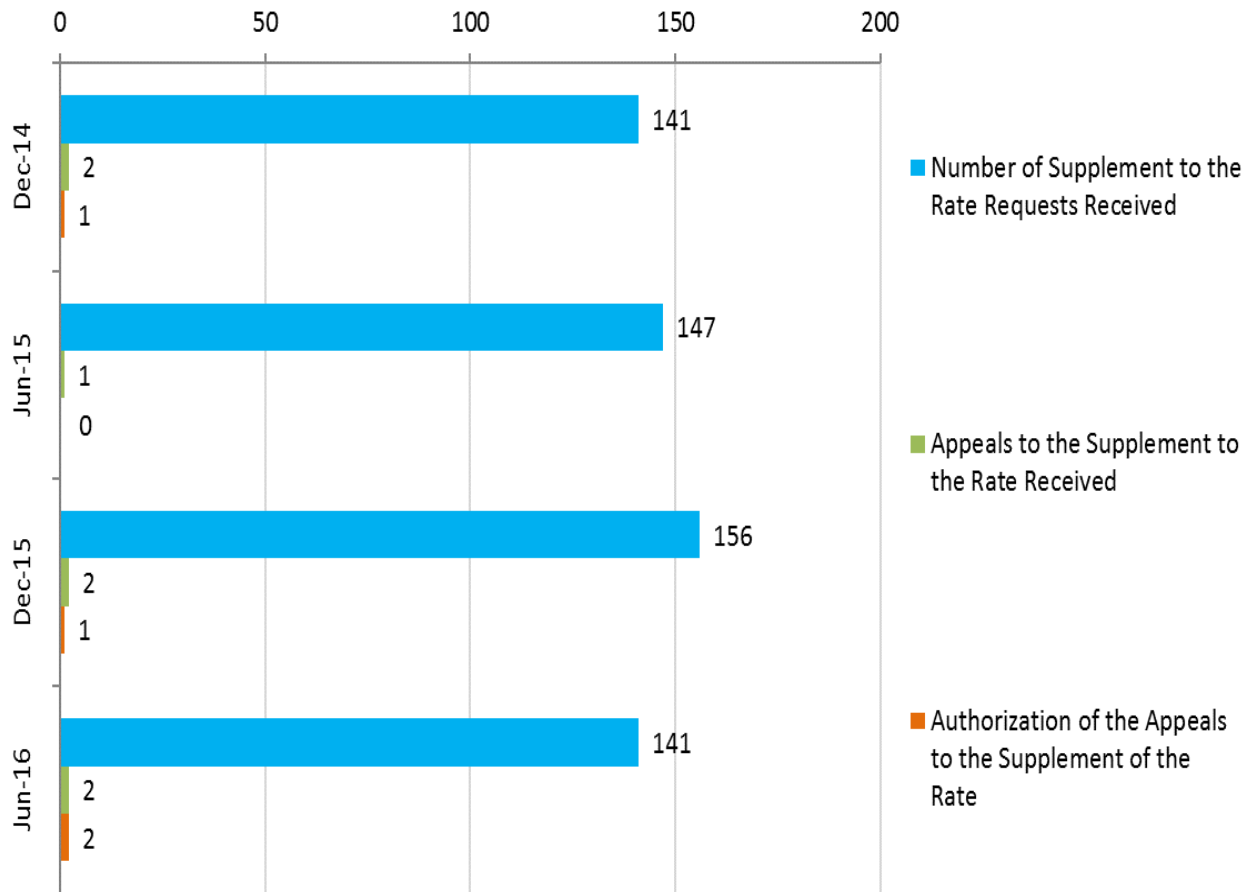
Figure 18: Cumulative Number of Requests for Supplement to the Dual Agency Rate, the Number of Appeals and the Number of Appeals Granted in AFDC-FC



Data Sources: FC-AAP-KG 84 Form, December 2014 – June 2016.

Figure 18 displays data that compares the total number of requests for a supplement to the dual agency AFDC-FC rate (353), the total number of appeals for a supplement to a dual agency rate received (10), and the total number of appeals authorized for a supplement to the dual agency rate (15) in the AFDC-FC Program from December 2014 to June 30, 2016. Figure 18 also indicates that there may have been a lag between the date of a rate supplement request and the date of a decision to approve or deny that request. As previously stated in the methodology and limitations section, these reports allow for late reporting and may result in adjustments to caseloads for the reporting period.

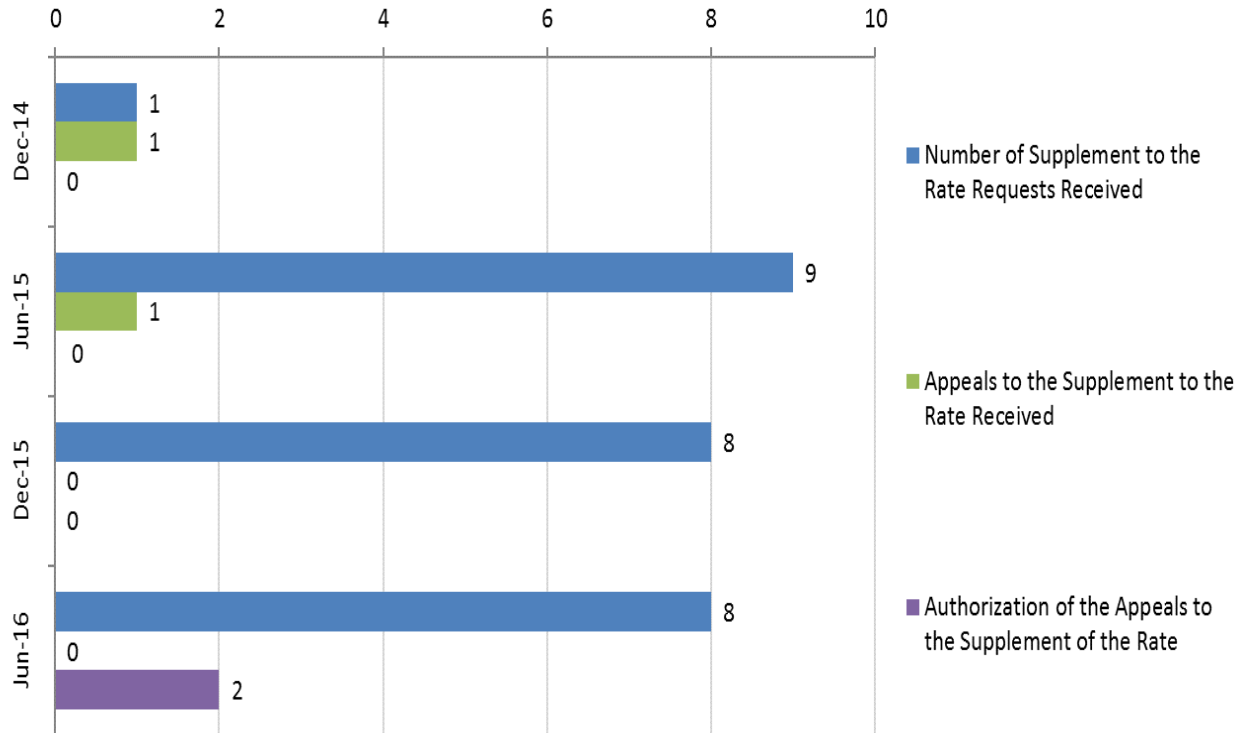
Figure 19: Cumulative Number of Requests for Supplement to the Dual Agency Rate, the Number of Appeals and the Number of Appeals Granted in AAP



Data Sources: FC-AAP-KG 84 Form, December 2014 – June 2016.

Figure 19 displays data that compares the number of requests for a supplement to the dual agency AAP rate (585), the number of new appeals for a supplement to a dual agency rate (seven), and the number of authorizations of the appeals to requests for a supplement to the dual agency rate (four) in the AAP Program from December 2014 to June 30, 2016. Figure 19 also indicates that while 1 percent of the requests were appealed, over 70 percent (four out of seven) of caregivers that appealed a request for a supplement to the dual agency rate had their appeals granted.

Figure 20: Cumulative Number of Requests for Supplement to the Dual Agency Rate, the Number of Appeals and the Number of Appeals Granted in Kin-GAP



Data Sources: FC-AAP-KG 84 Form, December 2014 – June 2016.

Figure 20 displays data that compares the number of requests for a supplement to the dual agency Kin-GAP rate (26), the number of appeals for a supplement to a dual agency rate (two) and the number of approvals of the appeals to requests for a supplement to the dual agency rate (two) in the Kin-GAP Program from December 2014 to June 30, 2016. Figure 20 also indicates that while 8 percent of the requests were appealed, 100 percent (two out of two) of caregivers that appealed a request for a supplement to the dual agency rate had their appeals granted.

Figure 21: Cumulative Number of AFDC-FC, AAP, and Kin-GAP Appeals that are Authorized



Data Sources: FC-AAP-KG 84 Form, December 2014 – June 2016.

Figure 21 illustrates that very few appeals are filed in all three programs, and that over the period covered by this report, most appeals were authorized. Figure 21 also indicates that there may have been a lag between the date of an appeal request and the date of a decision to approve or deny that request. As previously stated in the methodology and limitations section, these reports allow for late reporting and may result in adjustments to caseloads for the reporting period.

DUAL AGENCY SERVICES

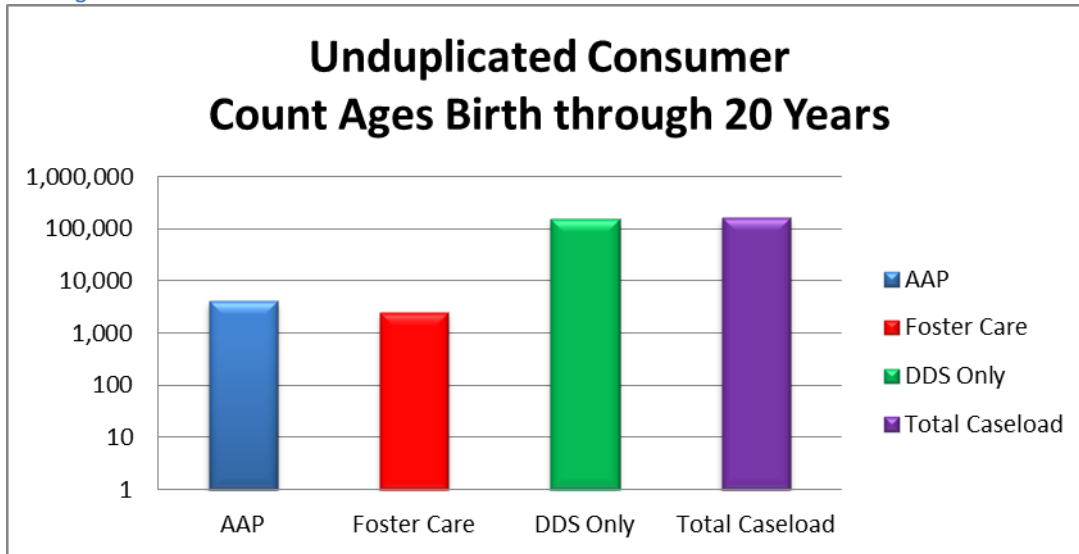
Data guidance: Consideration of data in the DDS tables should include the following:

- Total and average (mean) per consumer costs reflected in this report covers a six month reporting period, January to June 2016.
- POS percentages and consumer counts in this report showed little variance when compared with data from the previous report.
- Where the target population is small, extraordinary POS by one or relatively few consumers might skew the average purchase of service total which may result in a larger cost per consumer.
- Service needs differ by consumer and families. Differences in the individual service total expenditures and average consumer expenditures may skew the cost per consumer.
- The majority of consumers have not been diagnosed before age three; therefore, no diagnostic data are included for consumers aged birth to age three.
- Caseload information provided within this report represents only those individuals receiving services beyond case management.

It also should be noted that some AAP or AFDC-FC recipients received residential services, adult day program services, and supported living services purchased by the regional centers. This is due to two key factors:

- Consumers may receive AAP or AFDC-FC through age 21, if certain eligibility criteria are met. The consumer may benefit from residential and/or adult day program services as part of their transition into adulthood.
- Both foster and adoptive families are permitted to temporarily place consumers into residential care with the expectation of an eventual return to the family home.

DDS Figure 1



DDS Figure 2

DATA	AAP	Foster Care	DDS Only	Total Caseload
Unduplicated Total Ages Birth through two Years	527	1,252	34,716	36,495
Unduplicated Total Ages three through 20 Years	3,546	1,166	118,067	122,779
Unduplicated Total Ages Birth through 20 Years	4,073	2,418	152,783	159,274

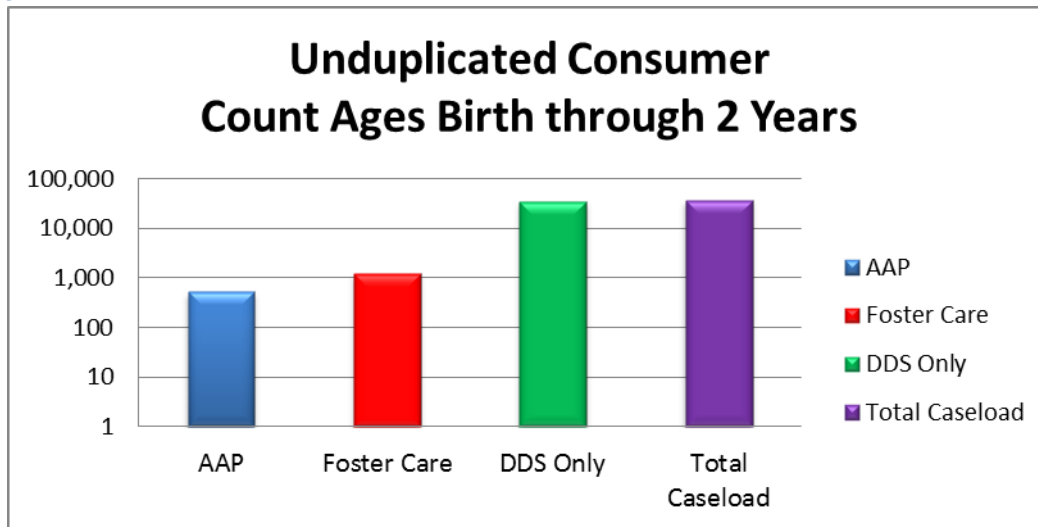
DDS Figures 1 and 2 shows consumers, ages birth through 20 years, receiving services beyond case management. Consumers are categorized by AAP, Foster Care (FC), and DDS Only. The total of AAP, FC, and DDS Only population is 159,274. Of this number, 104,312 receive POS.

DDS Figure 3

POS		1-AAP		2-Foster Care		3-DDS Only		Grand Total
Birth through 20 Years	POS	Consumer Count	POS Percentage	Consumer Count	POS Percentage	Consumer Count	POS Percentage	
POS	No	1,641	40%	686	28%	52,635	34%	54,962
	Yes	2,432	60%	1,732	72%	100,148	66%	104,312
Unduplicated Total		4,073	100%	2,418	100%	152,783	100%	159,274
Percentage of Caseload		2.6%		1.5%		95.9%		100.0%

DDS Figure 3 shows the percent of consumers receiving services purchased through DDS. As the data indicates, the DDS Only caseload is far greater than the dual agency caseloads. Data on the following pages includes not only totals for each caseload, but also expenditures per person for each caseload.

DDS Figure 4



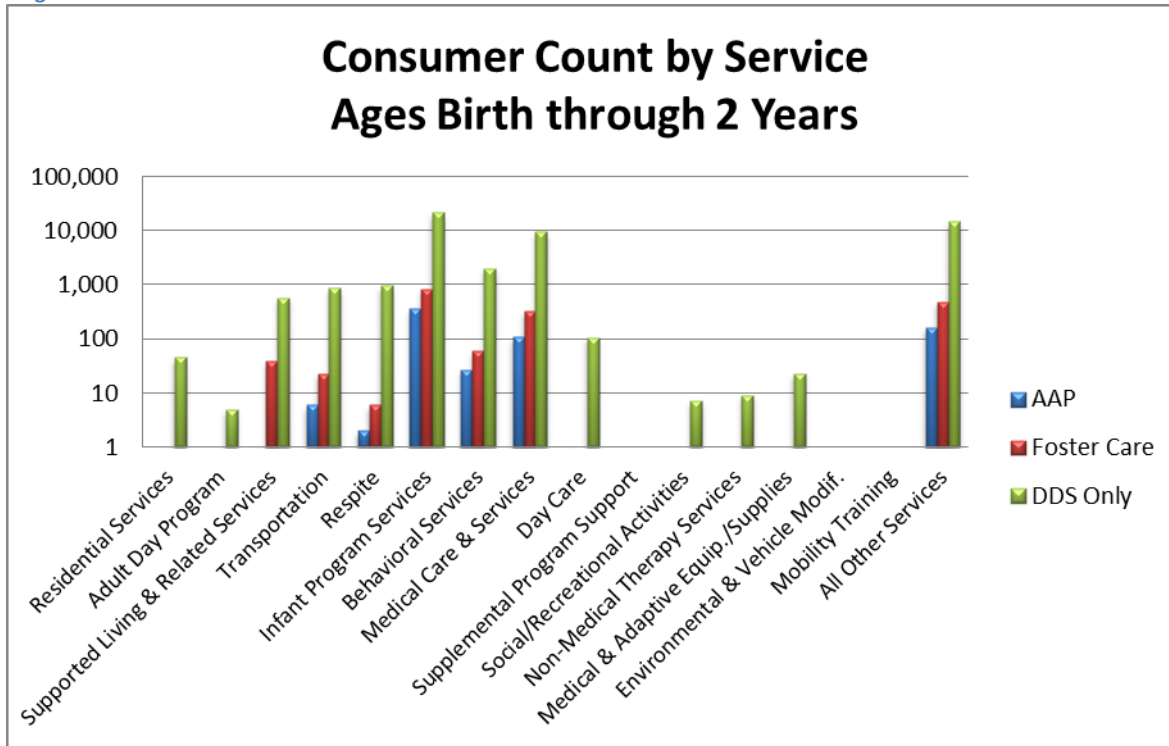
DDS Figure 5

POS		1-AAP		2-Foster Care		3-DDS Only		Grand Total
Birth through Two Years	POS	Consumer Count	POS Percentage	Consumer Count	POS Percentage	Consumer Count	POS Percentage	
POS	No	43	8%	83	7%	2,809	8%	2,935
	Yes	484	92%	1,169	93%	31,907	92%	33,560
Unduplicated Total		527		1,252		34,716		36,495
Percentage of Caseload		1.4%		3.4%		95.1%		

DDS Figure 4 shows the unduplicated count of consumers receiving services beyond case management, ages birth through two years, by caseload (AAP, FC, and DDS Only). The total AAP, FC, and DDS Only population for consumers, ages birth through two years, is 36,495; of these consumers, 33,560 receive POS.

DDS Figure 5 shows the percent of consumers receiving services purchased through DDS.

DDS Figure 6

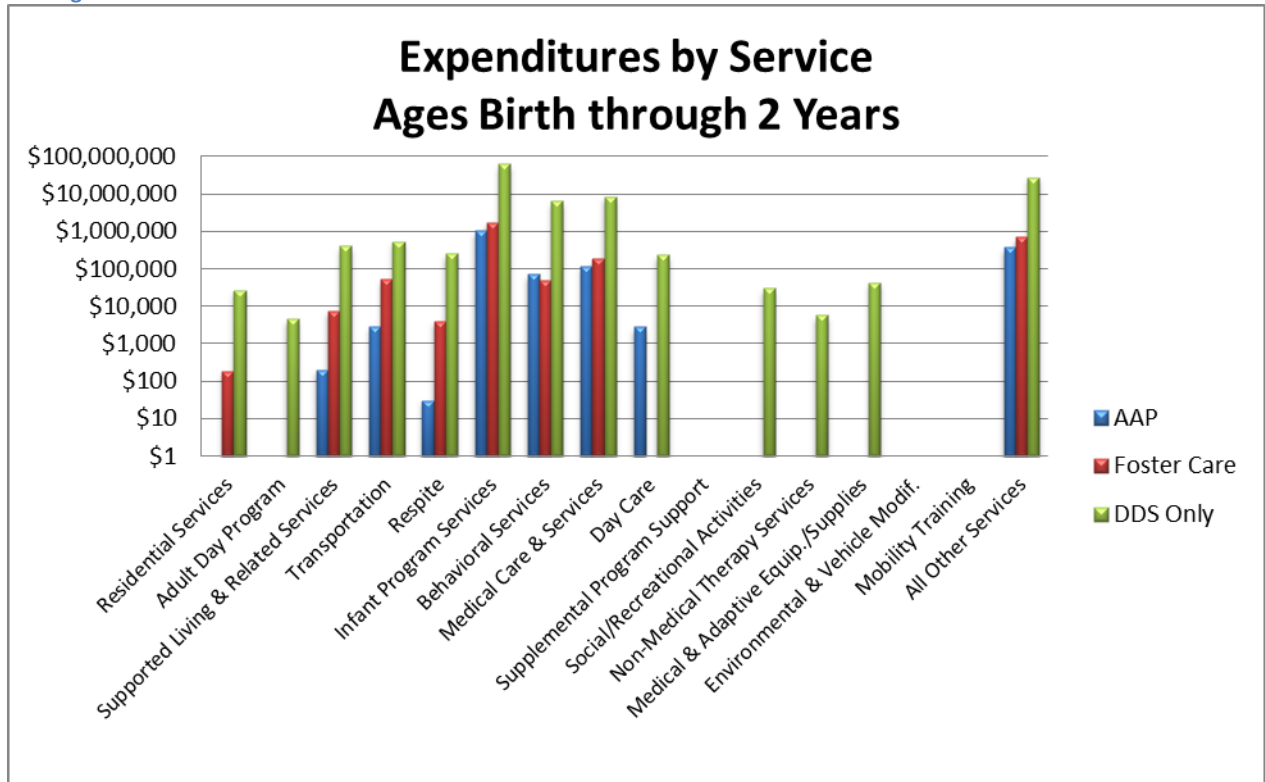


DDS Figure 7

DATA	AAP	Foster Care	DDS Only	Grand Total
Residential Services	0	1	45	46
Adult Day Program	0	0	5	5
Supported Living & Related Services	1	38	568	607
Transportation	6	23	850	879
Respite	2	6	952	960
Infant Program Services	360	839	21,591	22,790
Behavioral Services	27	59	2,021	2,107
Medical Care & Services	107	328	9,452	9,887
Day Care	1	0	104	105
Supplemental Program Support	0	0	0	0
Social/Recreational Activities	0	0	7	7
Non-Medical Therapy Services	0	0	9	9
Medical & Adaptive Equip./Supplies	0	0	23	23
Environmental & Vehicle Modifications	0	0	0	0
Mobility Training	0	0	0	0
All Other Services	164	486	14,778	15,428
Unduplicated Total Receiving POS	484	1,169	31,907	33,560

DDS Figures 6 and 7 display the consumer count for services received by consumers, ages birth through two years, by caseload (AAP, FC, and DDS Only).

DDS Figure 8

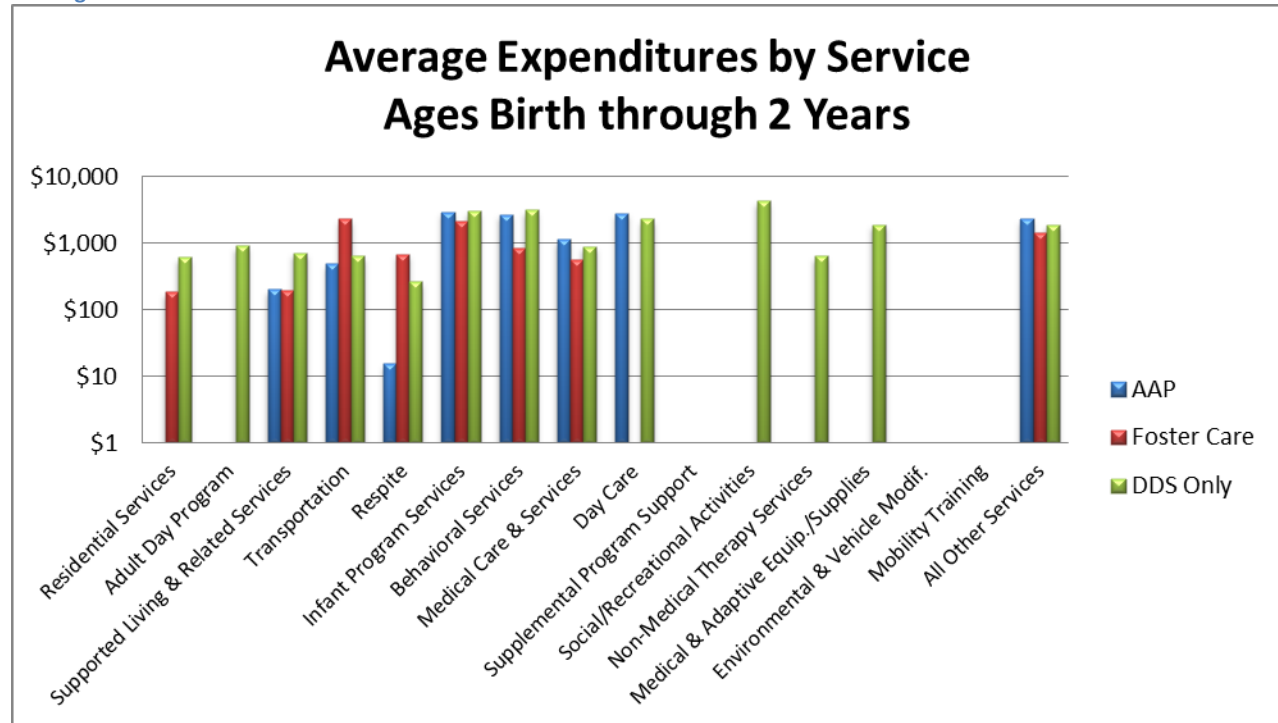


DDS Figure 9

Service Type	AAP	Foster Care	DDS Only	Grand Total
Residential Services	\$0	\$184	\$26,975	\$27,159
Adult Day Program	\$0	\$0	\$4,537	\$4,537
Supported Living & Related Services	\$202	\$7,433	\$401,282	\$408,916
Transportation	\$2,899	\$52,759	\$535,784	\$591,443
Respite	\$30	\$4,065	\$248,504	\$252,599
Infant Program Services	\$1,055,727	\$1,762,044	\$63,890,208	\$66,707,979
Behavioral Services	\$71,672	\$50,195	\$6,286,912	\$6,408,780
Medical Care & Services	\$120,792	\$180,495	\$8,344,033	\$8,645,319
Day Care	\$2,790	\$0	\$236,242	\$239,032
Supplemental Program Support	\$0	\$0	\$0	\$0
Social/Recreational Activities	\$0	\$0	\$29,598	\$29,598
Non-Medical Therapy Services	\$0	\$0	\$5,700	\$5,700
Medical & Adaptive Equip./Supplies	\$0	\$0	\$43,175	\$43,175
Environmental & Vehicle Modifications	\$0	\$0	\$0	\$0
Mobility Training	\$0	\$0	\$0	\$0
All Other Services	\$370,983	\$693,744	\$27,424,157	\$28,488,884
Total POS Expenditures	\$1,625,095	\$2,750,919	\$107,477,108	\$111,853,122

DDS Figures 8 and 9 show the total expenditures for services received by consumers, ages birth through two years, by caseload (AAP, FC, and DDS Only).

DDS Figure 10

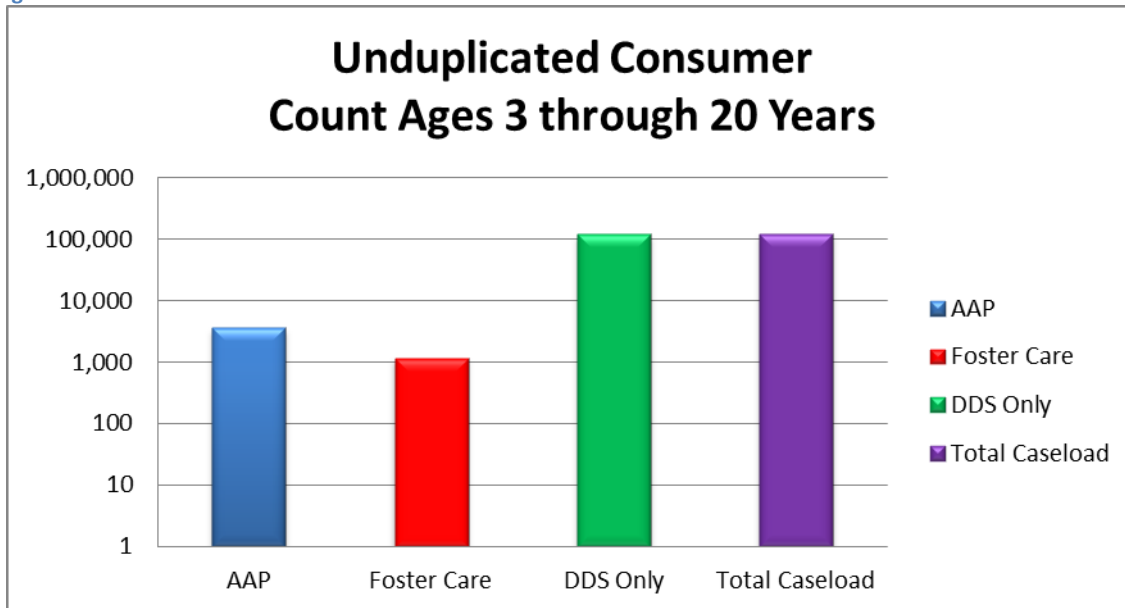


DDS Figure 11

Service Type	AAP	Foster Care	DDS Only	Totals
Residential Services	\$0	\$184	\$599	
Adult Day Program	\$0	\$0	\$907	
Supported Living & Related Services	\$202	\$196	\$706	
Transportation	\$483	\$2,294	\$630	
Respite	\$15	\$677	\$261	
Infant Program Services	\$2,933	\$2,100	\$2,959	
Behavioral Services	\$2,655	\$851	\$3,111	
Medical Care & Services	\$1,129	\$550	\$883	
Day Care	\$2,790	\$0	\$2,272	
Supplemental Program Support	\$0	\$0	\$0	
Social/Recreational Activities	\$0	\$0	\$4,228	
Non-Medical Therapy Services	\$0	\$0	\$633	
Medical & Adaptive Equip./Supplies	\$0	\$0	\$1,877	
Environmental & Vehicle Modifications	\$0	\$0	\$0	
Mobility Training	\$0	\$0	\$0	
All Other Services	\$2,262	\$1,427	\$1,856	\$5,545
Total POS Expenditures	\$1,625,095	\$2,750,919	\$107,477,108	\$111,853,122
Unduplicated Total Receiving POS	484	1,169	31,907	33,560
Average Per Consumer Receiving POS	\$3,358	\$2,353	\$3,368	\$3,333

DDS Figures 10 and 11 show the average expenditures by service for consumers, ages birth through two years, by caseload (AAP, FC, and DDS Only). It should be noted that high, per child averages for some service/caseload combinations reflect service costs for a small number of consumers.

DDS Figure 12



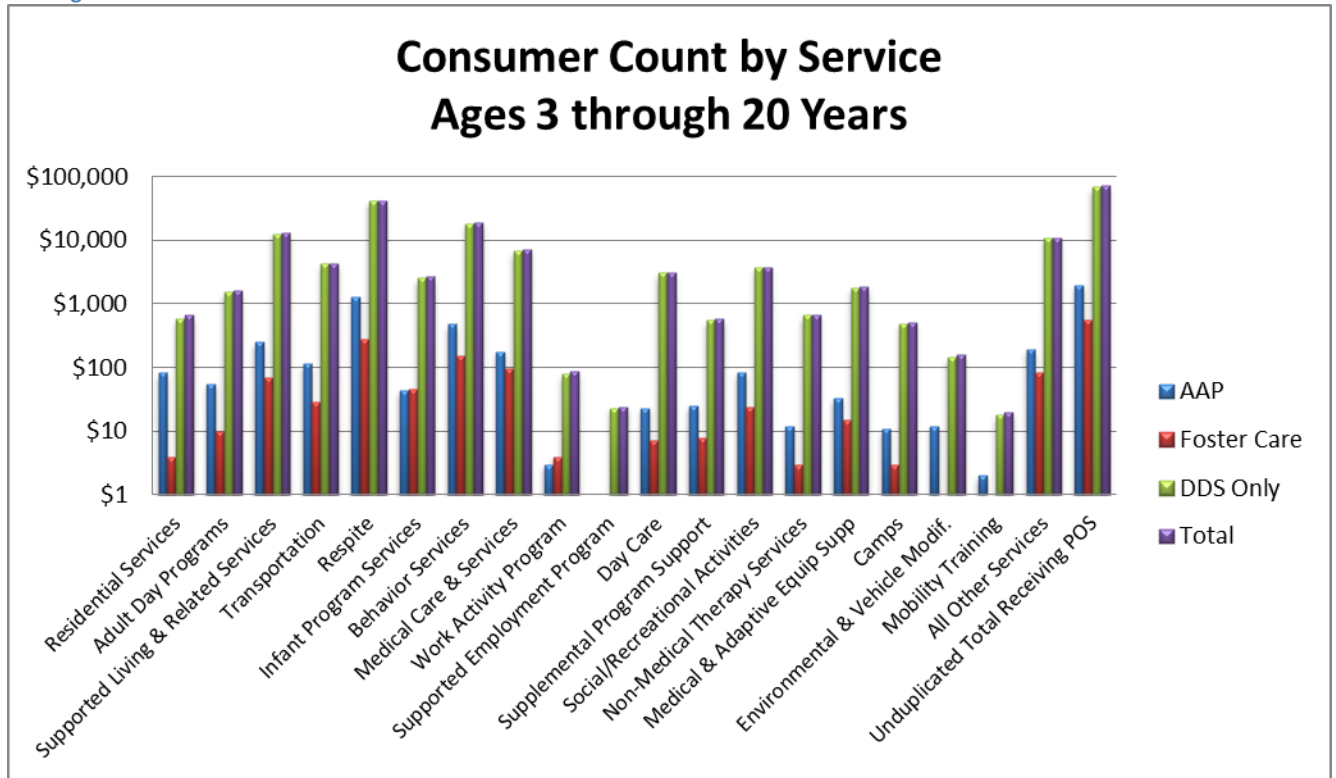
DDS Figure 12 shows the unduplicated count of consumers receiving services beyond case management, ages 3 through 20 years, by caseload (AAP, FC, and DDS Only). The total AAP, FC, and DDS Only population for consumers, ages 3 through 20 years, is 117,292; of these consumers, 67,660 receive POS.

DDS Figure 13

POS		1-AAP		2-Foster Care		3-DDS Only		Grand Total
Ages Three through 20 Years	POS	Consumer Count	POS Percentage	Consumer Count	POS Percentage	Consumer Count	POS Percentage	
POS	No	1,598	45%	603	52%	49,826	42%	52,027
	Yes	1,948	55%	563	48%	68,241	58%	70,752
Unduplicated Total		3,546		1,166		118,067		122,779
Percentage of Caseload		2.89%		0.95%		96.16%		100.00%

DDS Figure 13 shows the percent of consumers receiving services purchased through DDS.

DDS Figure 14

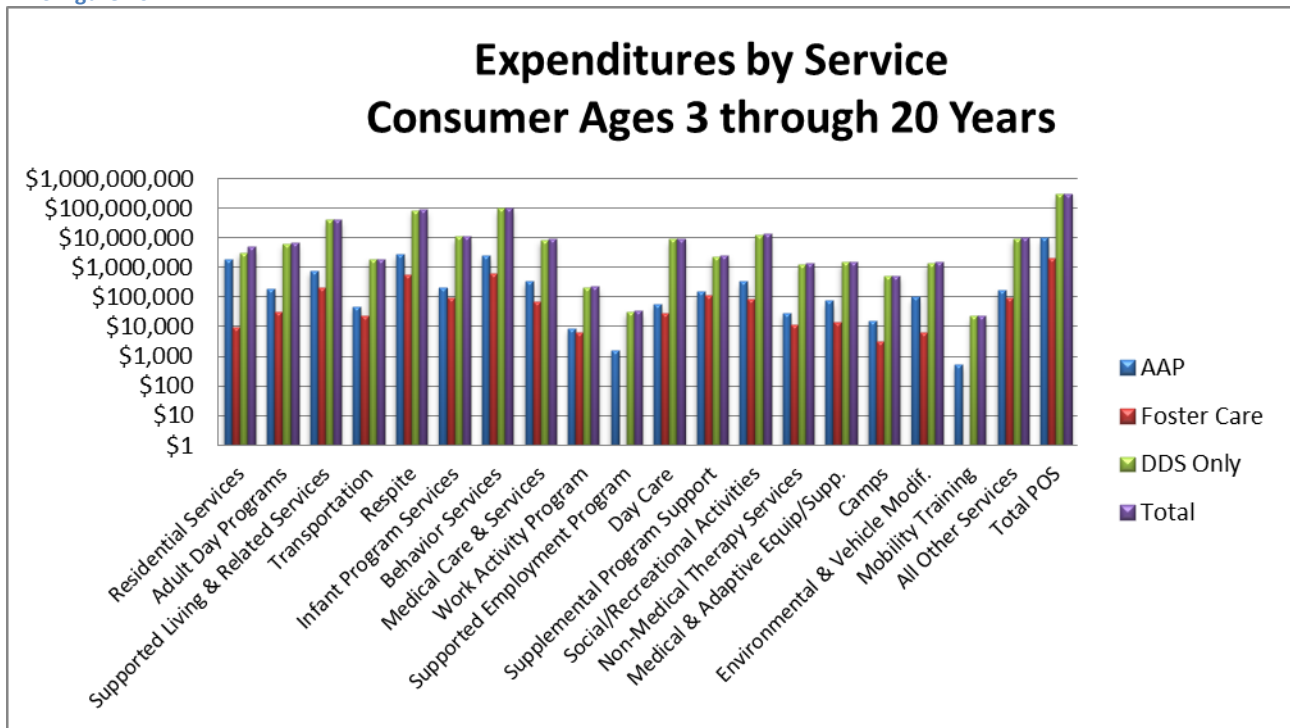


DDS Figure 15

Service Type	AAP	Foster Care	DDS Only	Total
Residential Services	82	4	582	668
Adult Day Programs	55	10	1,523	1,588
Supported Living & Related Services	253	70	12,525	12,848
Transportation	115	29	4,188	4,332
Respite	1,303	272	40,423	41,998
Infant Program Services	44	46	2,558	2,648
Behavior Services	475	154	18,212	18,841
Medical Care & Services	176	96	6,779	7,051
Work Activity Program	3	4	79	86
Supported Employment Program	1	0	23	24
Day Care	23	7	3,054	3,084
Supplemental Program Support	25	8	544	577
Social/Recreational Activities	85	24	3,683	3,792
Non-Medical Therapy Services	12	3	667	682
Medical & Adaptive Equip Support	33	15	1,805	1,853
Camps	11	3	486	500
Environmental & Vehicle Modifications	12	1	143	156
Mobility Training	2	0	18	20
All Other Services	192	83	10,681	10,956
Unduplicated Total Receiving POS	1,948	563	68,241	70,752

DDS Figures 14 and 15 show consumer count for services received by consumers, ages 3 through 20 years, by caseload (AAP, FC, and DDS Only).

DDS Figure 16

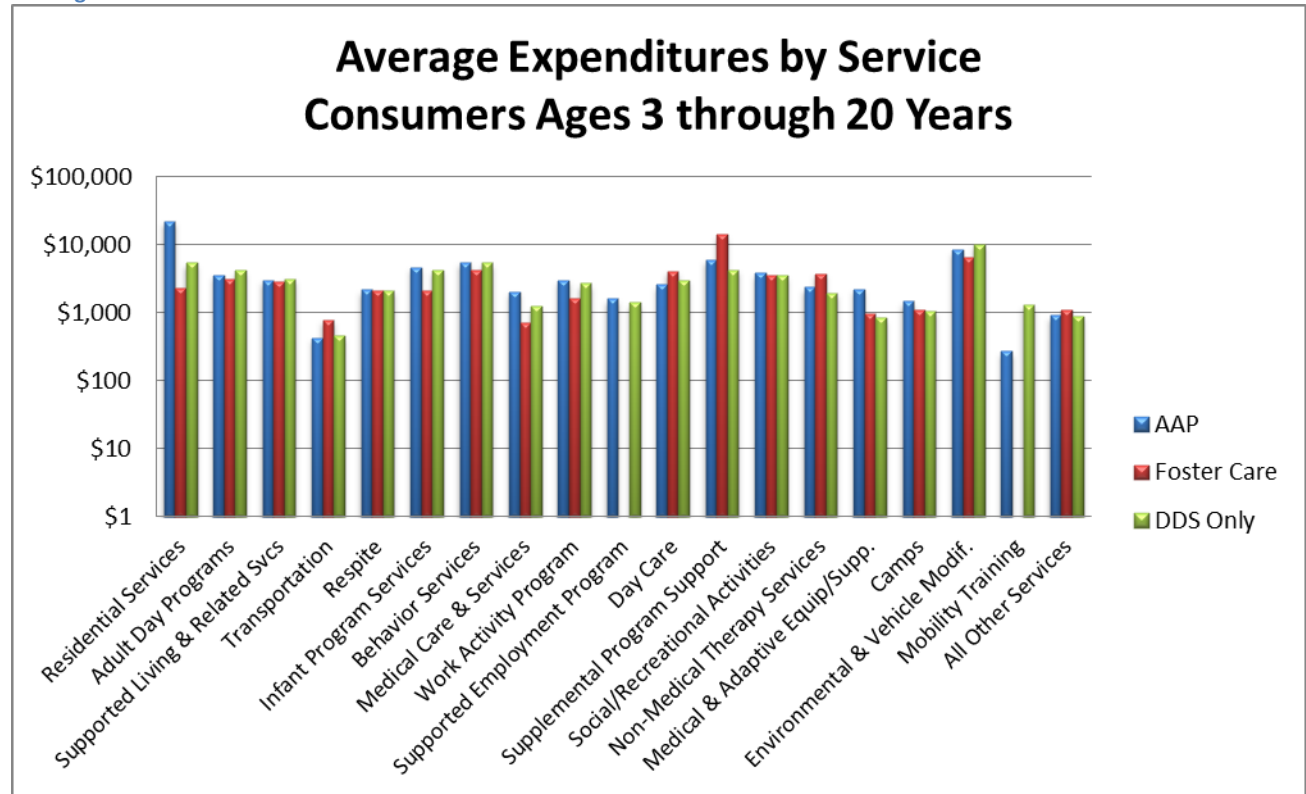


DDS Figure 17

Service Type	AAP	Foster Care	DDS Only	Total
Residential Services	\$1,807,728	\$9,297	\$3,120,924	\$4,937,948
Adult Day Programs	\$196,356	\$31,397	\$6,271,920	\$6,499,673
Supported Living & Related Services	\$763,870	\$201,379	\$39,429,082	\$40,394,331
Transportation	\$48,758	\$22,408	\$1,878,989	\$1,950,155
Respite	\$2,823,663	\$571,735	\$84,530,047	\$87,925,446
Infant Program Services	\$202,813	\$97,852	\$10,826,627	\$11,127,292
Behavior Services	\$2,606,521	\$650,009	\$98,240,550	\$101,497,081
Medical Care & Services	\$353,166	\$68,918	\$8,412,376	\$8,834,460
Work Activity Program	\$8,935	\$6,489	\$213,695	\$229,119
Supported Employment Program	\$1,610	\$0	\$32,149	\$33,759
Day Care	\$58,904	\$28,165	\$9,150,682	\$9,237,751
Supplemental Program Support	\$149,633	\$110,716	\$2,299,908	\$2,560,258
Social/Recreational Activities	\$326,163	\$83,817	\$12,844,589	\$13,254,569
Non-Medical Therapy Services	\$28,454	\$11,093	\$1,293,583	\$1,333,129
Medical & Adaptive Equip/Supp.	\$73,217	\$14,646	\$1,492,107	\$1,579,969
Camps	\$15,958	\$3,303	\$512,558	\$531,818
Environmental & Vehicle Modifications	\$99,381	\$6,461	\$1,435,061	\$1,540,902
Mobility Training	\$536	\$0	\$22,955	\$23,492
All Other Services	\$173,806	\$90,264	\$9,489,160	\$9,753,230
Total POS	\$9,739,473	\$2,007,949	\$291,496,961	\$303,244,382

DDS Figures 16 and 17 show total expenditures for services received by consumers, ages 3 through 20 years, by caseload (AAP, FC, and DDS Only).

DDS Figure 18

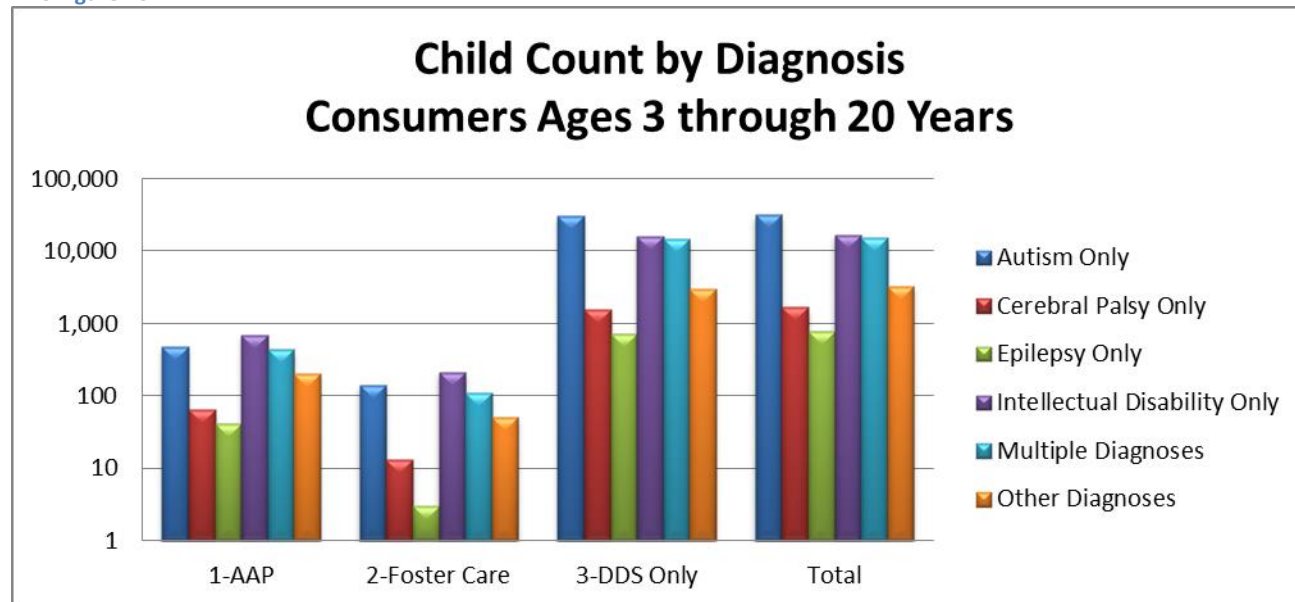


DDS Figure 19

Service Type	AAP	Foster Care	DDS Only
Residential Services	\$22,045	\$2,324	\$5,362
Adult Day Programs	\$3,570	\$3,140	\$4,118
Supported Living & Related Services	\$3,019	\$2,877	\$3,148
Transportation	\$424	\$773	\$449
Respite	\$2,167	\$2,102	\$2,091
Infant Program Services	\$4,609	\$2,127	\$4,232
Behavior Services	\$5,487	\$4,221	\$5,394
Medical Care & Services	\$2,007	\$718	\$1,241
Work Activity Program	\$2,978	\$1,622	\$2,705
Supported Employment Program	\$1,610	\$0	\$1,398
Day Care	\$2,561	\$4,024	\$2,996
Supplemental Program Support	\$5,985	\$13,840	\$4,228
Social/Recreational Activities	\$3,837	\$3,492	\$3,488
Non-Medical Therapy Services	\$2,371	\$3,698	\$1,939
Medical & Adaptive Equip/Supp.	\$2,219	\$976	\$827
Camps	\$1,451	\$1,101	\$1,055
Environmental & Vehicle Modifications	\$8,282	\$6,461	\$10,035
Mobility Training	\$268	\$0	\$1,275
All Other Services	\$905	\$1,088	\$888
Average POS	\$5,000	\$3,567	\$4,272

DDS Figures 18 and 19 graph the average expenditures by service for consumers, ages 3 through 20 years, by caseload (AAP, FC, and DDS Only).

DDS Figure 20



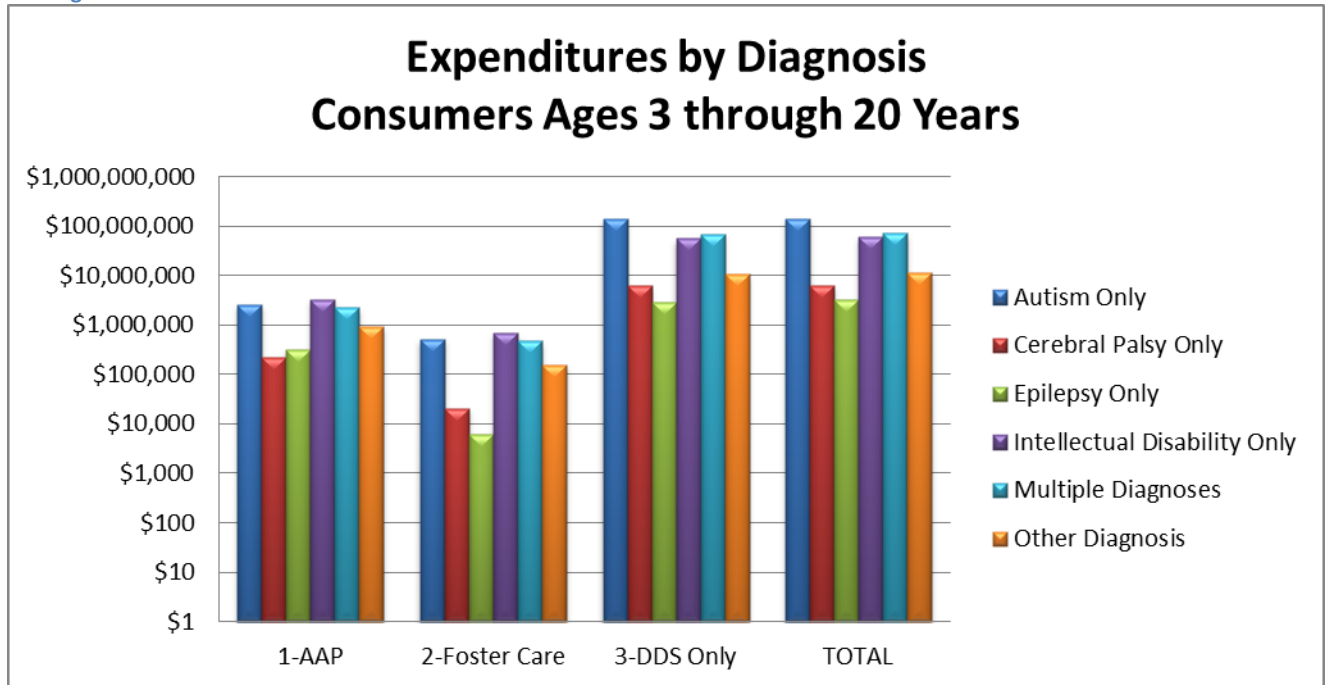
DDS Figure 21

Diagnosis	1-AAP	2-Foster Care	3-DDS Only	Total
Autism Only	472	143	30,674	31,289
Cerebral Palsy Only	65	13	1,586	1,664
Epilepsy Only	41	3	731	775
Intellectual Disability Only	695	214	15,704	16,613
Multiple Diagnoses	437	111	14,692	15,240
Other Diagnoses	201	51	3,025	3,277
Unduplicated Total Receiving Diagnosed POS	1,911	535	66,412	68,858

DDS Figures 20 and 21 show the unduplicated count of consumers receiving services beyond case management, ages 3 through 20 years, by caseload (AAP, FC, and DDS Only), and by diagnosis. The diagnoses include *Autism*, *Cerebral Palsy*, *Epilepsy*, *Intellectual Disability*, *Multiple Developmental Disability*, and *Other Diagnoses*.

Not all consumers receiving services beyond case management receive a diagnosis. Therefore, totals reported by diagnosis will not equal overall totals reported.

DDS Figure 22

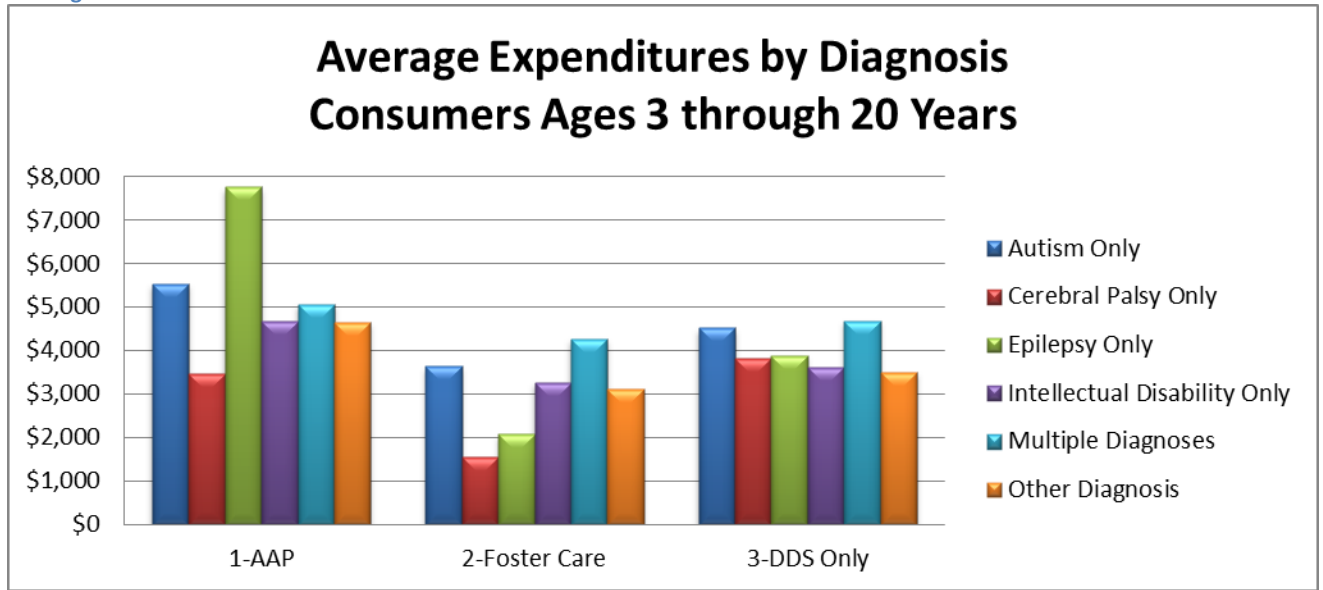


DDS Figure 23

Diagnosis	1-AAP	2-Foster Care	3-DDS Only	TOTAL
Autism Only	\$2,609,977	\$519,670	\$138,645,169	\$141,774,816
Cerebral Palsy Only	\$225,181	\$20,288	\$6,071,334	\$6,316,803
Epilepsy Only	\$318,233	\$6,199	\$2,834,236	\$3,158,667
Intellectual Disability Only	\$3,236,013	\$699,000	\$56,595,141	\$60,530,154
Multiple Diagnoses	\$2,209,149	\$473,369	\$68,683,833	\$71,366,351
Other Diagnosis	\$935,059	\$158,632	\$10,579,918	\$11,673,610
Total Expenditures	\$9,533,612	\$1,877,158	\$283,409,631	\$294,820,401

DDS Figures 22 and 23 show the total expenditures for consumers, ages three through 20 years, by caseload (AAP, FC, and DDS Only) and by diagnosis.

DDS Figure 24

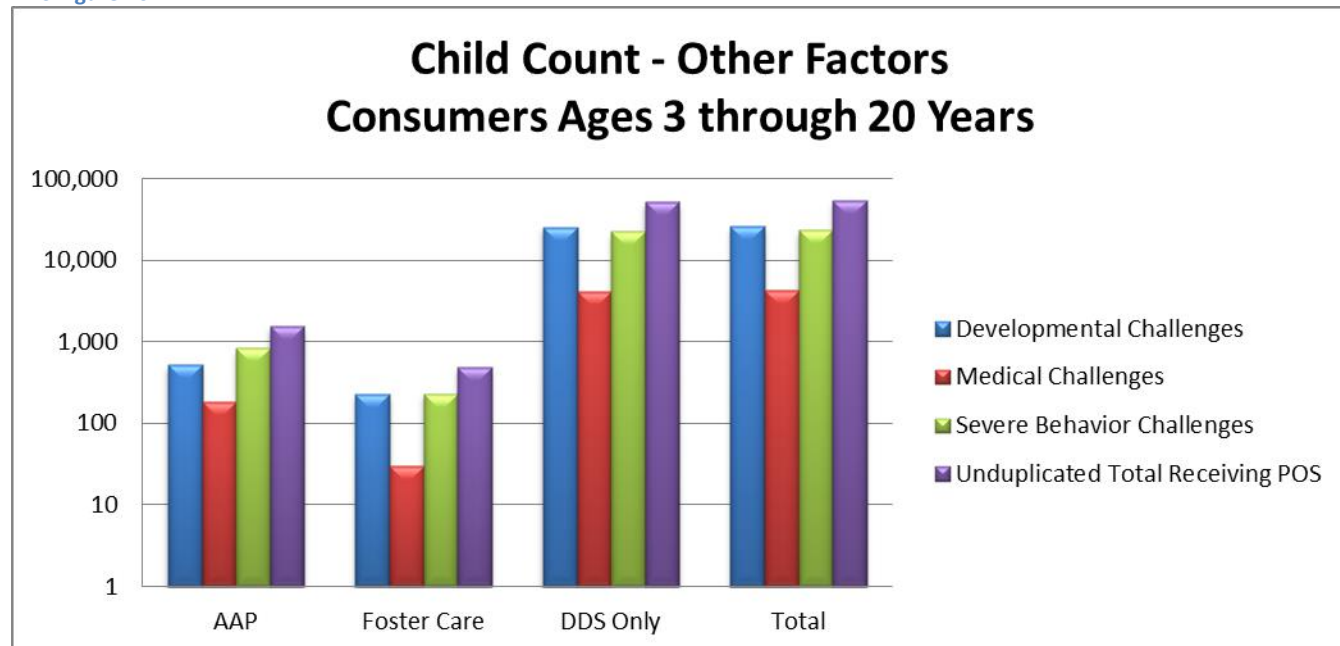


DDS Figure 25

Diagnosis	1-AAP	2-Foster Care	3-DDS Only
Autism Only	\$5,530	\$3,634	\$4,520
Cerebral Palsy Only	\$3,464	\$1,561	\$3,828
Epilepsy Only	\$7,762	\$2,066	\$3,877
Intellectual Disability Only	\$4,656	\$3,266	\$3,604
Multiple Diagnoses	\$5,055	\$4,265	\$4,675
Other Diagnosis	\$4,652	\$3,110	\$3,497
Unduplicated Total Receiving POS	\$4,989	\$3,509	\$4,267

DDS Figures 24 and 25 represent the average expenditures for consumers, ages three through 20 years, by caseload (AAP, FC, and DDS Only) and diagnosis.

DDS Figure 26

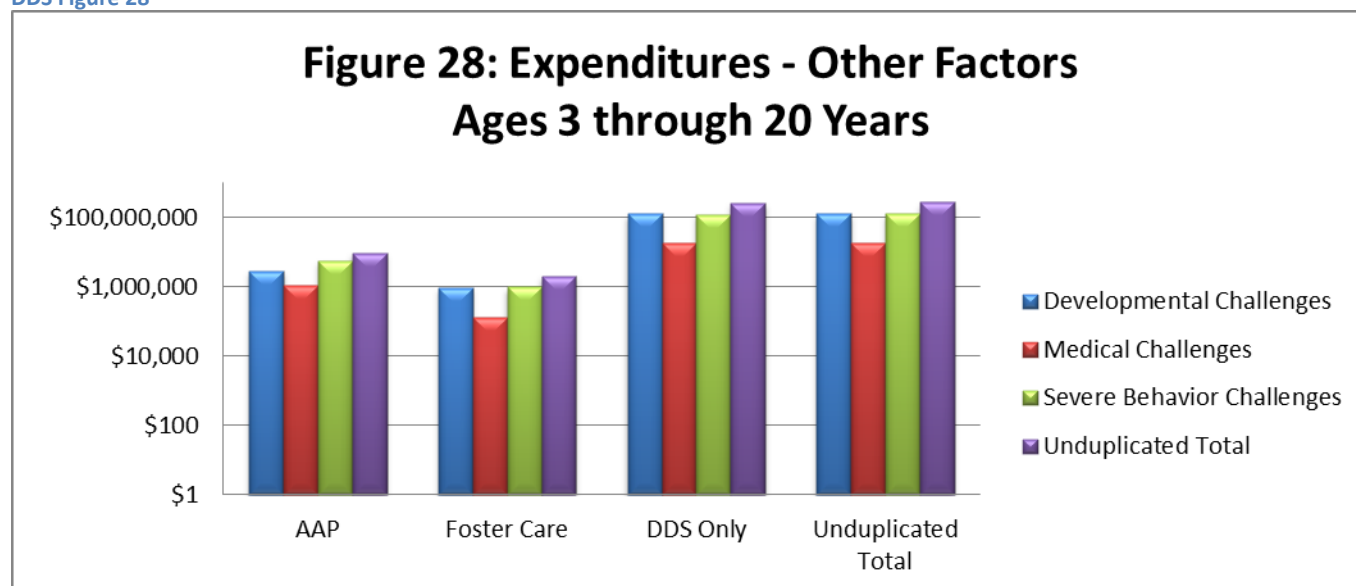


DDS Figure 27

Other Factors	AAP	Foster Care	DDS Only	Total
Developmental Challenges	520	224	25,315	26,059
Medical Challenges	182	30	4,125	4,337
Severe Behavioral Challenges	829	229	22,296	23,354
Unduplicated Total Receiving POS	1,531	483	51,736	53,750

DDS Figures 26 and 27 display the unduplicated count for consumers, ages three through 20 years, by caseload with assessed challenges not directly related to their diagnosis. These challenges are referred to as “Other Factors.” Not all consumers are assessed with “Other Factors”. Therefore, counts reported under “Other Factors” will not equal total child count.

DDS Figure 28



DDS Figure 29

Other Factors	AAP	Foster Care	DDS Only	Unduplicated Total
Developmental Challenges	\$2,851,894	\$932,416	\$124,731,293	\$128,515,603
Medical Challenges	\$1,059,296	\$135,017	\$17,545,685	\$18,739,998
Severe Behavioral Challenges	\$5,601,912	\$992,131	\$119,920,081	\$126,514,124
Unduplicated Total	\$9,513,102	\$2,059,564	\$262,197,058	\$273,769,725

DDS Figures 28 and 29 show the total expenditures for consumers, ages three through 20 years, by caseload and by “Other Factors”.

DDS Figure 30

Hearing Outcomes Three through 20 Years	Eligibility	Services	Grand Total
Requests Granted	2	0	2
Requests Denied	1	0	1
Requests Dismissed	0	0	0
Requests Pending	0	0	0
Requests Withdrawn or Resolved	15	5	20
Unduplicated Total	18	5	23

DDS Figure 30 shows hearings requested and their resolutions for AAP/Foster Care Dual Agency consumers, ages three through 20 years, for this report period.

REPORT SUMMARY

The following conclusions can be drawn from the December 2014 to June 30, 2016 data:

- The Total AFDC-FC and AFDC-FC Family Home caseloads decreased by 5 percent in Figure 1.
- The Dual Agency Family Home caseload increased by 19 percent in Figure 1.
- The Dual Agency AAP caseload increased nearly 10 percent in Figure 3.

The data collection tool “Supplement to the Rate Requests for Dual Agency AFDC-FC and AAP” provided the mechanism for collecting data for actions taken by counties related to requests for a supplement to the dual agency rate. The actions taken were similar in the AFDC-FC and AAP dual agency caseloads. Since implementation, the data indicates that the majority of the requests for a supplement to a dual agency rate are authorized upon initial request, 88 percent in AFDC-FC and 93 percent in AAP and 95 percent in Kin-GAP. The \$1,000 level of supplement to the dual agency rate is requested more than any other level of supplement.